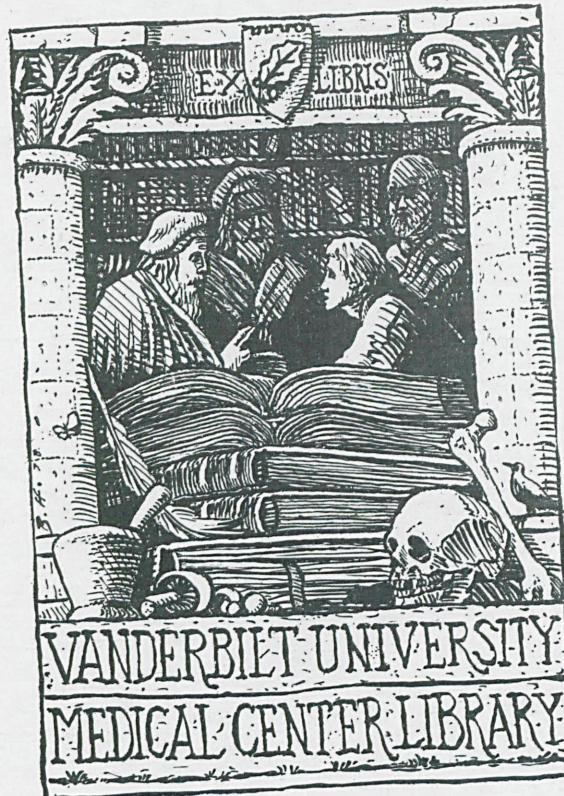


APPALACHIAN STUDENT HEALTH COALITION 1981 - 82 ANNUAL REPORT



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APPALACHIAN STUDENT HEALTH COALITION

ANNUAL REPORT

SEPTEMBER 1981 - August 1982

"The beauty of the Coalition lies beyond technology or delivery of services to those who need them. The Coalition's main impact is due to human interaction at its best. The people in the communities and the ASHC are what made my summer so memorable and worthwhile."

Caren Gaines
Medical Examiner

TABLE OF CONTENTS

Co-Directors Statement	3
Overview and History	6
Student Learning	9
Year-Round Activities	15
The Health Fair	18
Community Selection Process	24
Mississippi	26
Health Fair Sites	28
Special Projects	51
Racism	54
Fund Raising	56
Recommendations	58
Appendix	61
- A Day at the Health Fair	
- Schedule of Orientation	
- Calender of Summer Activities	
- Mid-Summer Conference Agenda	
- Final Evaluation Form	

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ACKNOWLEDGEMENT

The Appalachian Student Health Coalition would like to give a special thanks to our funders whose support enables us to operate: The Lyndhurst Foundation, The Appalachian Fund, The Elizabeth M. Irby Foundation, American Thread Company, Public Welfare Foundation, Student Collections, and numerous individual contributions.

CO-DIRECTORS STATEMENT

This annual report is the collaboration of the efforts, support, and successes of the 1981-1982 Appalachian Student Health Coalition. It is a testament to what was accomplished and learned by its participants and acknowledgement to the students, communities, Center for Health Services staff, and funders of the program for enabling the Coalition to have another successful year and to continue responding to community and student needs.

1981-1982 was a year of change and innovation for the Appalachian Student Health Coalition. While still committed to community development, student learning, and the delivery of health services, the Coalition has reevaluated its role in clinic development, an issue that has been a main focus since the organization's inception. Federal start up funds for clinics are no longer available, the National Health Service Corps has been cut, and communities are working to develop local tax bases to provide necessary social services. Consequently, starting community clinics is difficult, existing clinics are working to become self-sufficient, and large landholders are being focused upon in Appalachia as a potential source of revenue.

The Appalachian Student Health Coalition has responded to these changes and needs. We are hesitant to work towards clinic development unless a community has and is willing to approach local sources of wealth to gain start up funds. Feds Creek is a site where the community is looking to local people for money. Additionally, we have increased our work in support of existing clinics and gained skills in a new area, the marketing of health services. Stanton, Tennessee, and Rossville, Tennessee, are two sites where the Coalition participated in marketing efforts. Thirdly, while federal money is being restricted, state and local treasuries are being strained to fill the gaps. In Central Appalachia many communities are looking to the large and predominantly out of state landholders to pay their fair share of taxes to increase local revenues so that the provision of necessary public services will be adequate. Martin County, Kentucky, which has one of the highest GNP's in Kentucky, but an abysmally low quality of services is a site where the Coalition supported efforts to increase local revenues.

In addition to health fairs the Coalition conducted several special projects this summer, which in many ways were a success. One student wrote a manual on fundraising, drawing on the experiences of grassroots organizations, two students conducted a land study in Leslie County, Kentucky, and several students provided health services through home visits, screenings, and health education classes. These special projects put into effect goals for the summer. They encouraged student initiative and creativity, strengthened our ties with groups working in Appalachia, and supported groups the Coalition had worked with in the past.

The Coalition is a group of students working together with communities towards a better quality of life. We started out the year with the aim of making the Coalition belong to the students, we wanted their ideas and input on decision making and we wanted their commitment to the goals of the Coalition. And, in reflecting back upon the year, this is what happened. Students made the summer a success, vitalized the Coalition, and by putting so much into it, left having gained something of their own.

At the same time, it is the receptivity, hospitality, and commitment of the communities we worked with which make the Coalition experience so special. Whether it was Lakie's over-indulging breakfast, Pac-man at the Harrison's, Gladys and Vernal's forever presence at the health fair, or the picnic at Stanton, all served to foster strong bonds between students and community residents. The communities' energy and commitment was evident in their efforts to improve their locale and they shared this with Coalition members. It is this exchange between students and communities which lies at the heart of the Coalition.

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We would like to thank everyone at the Center for Health Services -- Dick, Kathy, Barbara, Hank, Syd, Sabrina, Kelen, Edna, Carole, Cheryl, Vickie, Steve, and Betsy, for their assistance, guidance, encouragement, and constant support.

A special thanks to Doctor Lewis Lefkowitz who contributed, and has for many years, time and energy and advice to the Coalition. Dr. L. is always there when we need him.

Thanks to all of our health fair preceptors, the health fairs couldn't go on without them.

Thanks to past and present Coalition members for their insights, their help in getting things done, and for making sure that the summer's group kept on dancing.

And, finally, thanks to all the community members we worked with who taught us more about rural primary health care, and the lack of it, than anyone. Thank you for your open hearts and homes.

The year I spent as co-director of the Appalachian Student Health Coalition is an experience that I will always carry with me. It taught me a faith in human abilities and resources that kept me going when the odds were down. It introduced me to people whose lives are led by a standard to improve their environment and help others in their efforts to improve theirs. These people, whether they were at the Center for Health Services, on the Vanderbilt Campus, in the summer group, or in the communities we visited, strengthened me personally as well in the day to day functioning of the Coalition. And the year showed the realities of community health in rural areas and the value of community members and students in working to better local condition. For this experience, I am grateful, and to Terry Meng my co-director I am grateful. She taught me a lot about the south, and about people and was always there as a friend and worker.

Sharman Hone

Looking back now on my year as co-director of the Appalachian Student Health Coalition I can trace the many different feelings I had about my job: overwhelmed to challenged to inspired to exhausted to triumphant. I gained valuable skills and knowledge including, how to write a grant proposal, all about rural southern living, the health care needs of the medically underserved, the many issues faced by coal mining communities, that my college education was relevant, how to live out of a suitcase, and where the best exits are off of I-40. The communities and students I worked with were inspiring. Their determination and commitment to improving the quality of health care helped me realize my own beliefs and goals in pursuing a career in health care. Being co-director of ASHC was a wonderful experience for me. I would like to thank all the people who made this possible through their unending support and encouragement, especially Sharman, my co-director and best friend for a year. Sharman taught me to look at the positive side of things.

Terry Meng

OVERVIEW AND HISTORY

The Appalachian Student Health Coalition began in 1969 with a group of energetic, idealistic, and innovative medical and nursing students from Vanderbilt University in Nashville, Tennessee. The students were disillusioned with learning from books and laboratories and wanted to add a further dimension to their training as health professionals. They also recognized that Vanderbilt was located in one of the nation's poorest regions, Appalachia, and felt a commitment to reach out into the poor, medically underserved, and rural areas of eastern Tennessee and Kentucky. They sought to make their education relevant to the social problems of their times and their region.

Students, with the invaluable support of Dr. Amos Christie at Vanderbilt Medical School, devised a proposal for and received funding from the Josiah Macy Foundation to run a project in the summer of 1969. The summer project focused on providing free physical examinations through health fairs in Clairfield, Tennessee, and White Oak, Kentucky, two communities in the Clearfork Valley along the Tennessee-Kentucky border. The health fair was set up in a school and avoided the intimidating formality of typical medical offices by including community participation with booths, bake sales, and raffles. The idea was to provide medical care to as many people as possible and the students were successful at reaching this goal by seeing over one hundred people a day.

These communities taught the students a lot about rural primary care and helped to shape the direction the Appalachian Student Health Coalition would take. They learned that health care was more than Vanderbilt Hospital, giving shots and attending lectures. They realized that there are many different issues affecting peoples' lives in rural communities and that political, social, economic, and environmental factors are central to any efforts to improve the health of a community.

Communities showed the Coalition how to affect change. They articulated the need to develop clinics in their areas, to improve water quality, and to encourage local efforts to bring about permanent improvements. The health fair identified needs and left both communities and students looking for ways to act upon the needs. In response, communities formed local health councils and the Coalition incorporated community organizing into the summer project.

It was decided that two students would live at each health fair site for the duration of the summer project. The role of these community workers became that of providing assistance and encouragement to the formations and actions of grassroots organizations. Students and health councils worked together, and still do, towards a common goal of improving the areas' quality of life.

The accomplishments of these health councils through the years have been remarkable. Twenty-one community controlled primary health care centers have been established in communities from Appalachia to west Tennessee and much time and energy has gone into their development. Community members raised the necessary funds, recruited health providers, laid the foundations for their clinics, and serve as board of directors for the clinics. These clinics are a symbol of commitment to local self-control and sufficiency.

These clinics today continue to serve as a locus for community activity and community change. Both the clinics and the health councils have changed with the times. The health councils have expanded their focus and concerns to meet the growing needs of their communities. Many are now addressing broader issues including environmental contamination, water quality, nutrition, services for the elderly, food cooperatives, tax reform, and day care centers. The coalition works to incorporate these issues into the goals of each summer project.

Students have also changed during the early years. The current political climate, today's economic realities, and the realization that the need for health clinics in Appalachia is not as dramatic as it was in the late 60's and early 70's, are all factors that have affected student's view of the Coalition's role in community health. Students have become more professional with a high expectation of the quality of the services the Coalition provides. There is a strong emphasis on preventive health which has always been at the heart of the Coalition and is being manifested in health education classes, tax reform efforts to develop social services, and an understanding of wholistic health by medical examiners. And, while there is a continued commitment to local self-determination, the difficulties of clinic development limit its ability as a galvanizing issue around which to form a health council. In response, students have spent the past year working with existing community groups that have identified their needs and are more hesitant to organize new groups. It is the new ideas and concerns and the Coalition's adaptability to them that keep it vital, functioning, and effective towards change in 1982.

It was with faith in the students making up the group, in the communities, and in the goals of the summer project that we began and ended the summer of 1982. Thirty students with different educational and cultural backgrounds from all over the country came together as a team to lend their skills, assistance, support, and encouragment to several communities from west Tennessee to east Kentucky. They found a sense of purpose through the exchange with communities and with those they worked with on the health fair team. They formed a vision, albeit several different visions that were not always compatible, of what the Coalition was and should be and worked to improve both the group itself and the communities. It was the commitment questioning, and never ending efforts of the communities that shaped this year's Coalition.

"I realize that I sound very altruistic but I believe that a certain amount of idealism is healthy and at least gives me a sense of purpose and worth. It is a fulfilling challenge to strive to do what one believes to be right, regardless of the odds, and I look forward to the day when I can try to practice medicine again as we did as examiners with the Appalachian Student Health Coalition."

Caren Gaines
Medical Examiner

"There's something about group hard work that really molds a group together, and one of the rewarding things about the summer was the closeness that our team attained."

Mike Wooten
Medical Examiner

"I feel there was a beautiful interchange between the Coalition and communities that benefited everyone in terms of health."

Kevin Donze
Medical Examiner

"ASHC -- I believe in its purposes, loved being a part of it, love the person to person interchange amongst peers in health, peers in nonhealth, community leaders and families, as well as the interchange with non-coalitioners who hear of it from us."

Leslie Smith
Medical Examiner

STUDENT LEARNING

Students are a valuable component of the Appalachian Student Health Coalition. They come from different regional, cultural, and educational backgrounds to work as a team in learning an interdisciplinary approach to health care in rural Appalachia and the Tennessee Valley region. Through this experience students learn a lot. They learn to share their ideas and skills cooperatively with students from other disciplines, they learn about themselves and where their interest in health care lies, they learn about life in Appalachia and the complex issues contributing to the quality of health care in the region, and they learn about coal mining, clogging, and blue grass music. In addition, students gain a better understanding of the environmental, social, economic, and cultural factors which affect a community's health.

"My feelings about the region changed in that, now that I have seen it for a short time I realize more than ever the complexities of answers to a health problem."

Lisa Handwerker
Special Project

It is the diversity of students' background that contributes to the unique experience of the Coalition. This diversity strengthens ASHC and allows it to remain innovative and effective from year to year.

"My fondest memories are of the Coalition itself--so many diverse, wonderful people working so hard together."

Paul McLaughlin
Medical Examiner 1982

This is not to say that these differences do not raise conflicts. Students come to the Coalition with differnt expectations of what it is and what they want out of it. They differ in how they view the Coalition. Some see a need for more diversity, some for more homogeneity, some with an emphasis on being political, some with an emphasis on providing health services. A student from Tennessee who worked in Feds Creek, Kentucky, with a student from Cambridge, Massachussettes, commented about their similarities:

"Our respect and openness to others, our way of looking at social change and our own limits as outsiders came close to being the same. The gaps suggest a need for increased emphasis on broadening the Coalition's membership economically and racially but focusing regionally in recruitment."

Marie Hurley
Community Worker, Feds Creek

Another community worker's expectations about the summer, ASHC, and health care differed.

"I must begin with praise for the Coalition since it is out of respect for its accomplishments and goals that I try so hard to sort things out and find some answers. I agree with the concept of the Coalition as a group of people working for change. I like the absence of structure and

rules and the flexibility and room for growth this freedom allows. I like the attempt at group consensus or at least the process of making group decisions. I like the diversity of students. I like the commitment to working with people who want to change their lives. I believe strongly in a wholistic approach meaning that health is not simply that which is preserved or corrected by going to a doctor. I believe that nutrition, environment, and state of mind all affect a person's health. I believe all medical providers should give first priority to educating people about how these factors affect their health."

Debbie Schnitzer
Community Worker, Martin County

This view led her to see the need for less diversity:

"I would like to see less difference in thinking and expectations between the medical and nonmedical people."
Debbie Schnitzer

Another student accepts diversity while believing that solutions to health care problems must come from political activism.

"I tried to anticipate that many of my fellow staff workers would not necessarily share my convictions that inadequate health care services are but a symptom of deeper problems that demand a more politically activist response. Nor did I think it necessary that we all share the exact same goals or vision for the way to solve health care problems."

Anne Hodges
Community Worker, Martin County

Others argued that the Coalition should have its primary focus on providing health services.

"I do not think the Coalition should avoid being political. Rather I believe the Coalition will function best if (1) its primary focus is health care and not politics (we are all agreed that health care and rights and benefits are lacking for lots of people in Appalachia) and (2) it enters the political arena with great caution and only when health care of people is at stake."

John Jayne
Medical Examiner

Yet, it is through the diversity of the Coalition members that students learn to recognize the many aspects of health care delivery and ways to view it as presented by nursing, medical, law, health education, and liberal arts students.

"My conception of health care was not as much greatly changed as it was greatly formed. I had never really had very much contact with health professionals and it was very exciting to be around them and learn about an entirely new field."

Beth Grupp
Rights and Benefits Counselor

Through the sharing of ideas and skills, students learn from each other. The Coalition experience is also beneficial for medical and nursing students who gain a better understanding of the contribution each has to offer in the delivery of health care.

"As far as medical students it was great to work with them and be on equal status with them. I got a lot of prejudices about doctors broken and have a better appreciation and understanding."

Debbie Dunn
Medical Examiner

"The relationships we form within the Coalition are quite important. I had the opportunity to work with nursing students and nurses. This was very important because nurses are often looked at as second class citizens by the medical profession."

Tom Grabowski, Lab Technician

The Coalition continued to offer students the opportunity to apply the knowledge and skills they learned in the class room to a health care setting in a rural community.

"The most satisfying aspect of my summer was the experience I got during the health fairs, actually putting into practice some of the things I'd learned in school. I saw abnormalities I'd only read about in textbooks."

Terry Journell
Dental Hygienist

Students also gained skills and experience in health care techniques that would be useful in their next year at school.

"Having completed my sophomore year of nursing, I had never had any clinical experience with 'real' patients. Now I have no fear of my first clinical this fall."

Susan Cooper
Medical Examiner

"I learned to draw blood from children without making them cry, and I learned to make blood smears and analyze urine sediment, skills which will be useful to me in medical school."

Tom Grabowski

Exploring their professional and career interest is another opportunity students are given through the Coalition. ASHC strengthens the view they have of themselves in the health care profession as well as develops skills that they can apply in that role. For many, the summer reinforces student's desires to serve people and to work in a community health setting.

"Since this experience, I am now interested in working in public health as well as private practice. This summer has made me more eager to work with the underserved in some aspect of my career."

Jayne Prince
Dental Hygenist

"I feel more jazzed about nursing due to the positive feedback I received as a member of the profession. The summer mostly underscored values I already held and increases the likelihood of my working in a community setting."

Leslie Smith
Medical Examiner

"My commitment to rural health care is stronger than ever, and hope to explore this possibility more."

Mike Wooten
Medical Examiner

"One thing I learned about myself was that I prefer working in a less structured environment. Before this summer I had thought that I wanted to work in a hospital, but my feeling now is that community nursing would be more satisfying and freeing."

Joe Aycock
Medical Examiner

"As far as my career--I have learned a great deal. I have experienced many things that I wouldn't have known had I not had this job. I feel more comfortable with people as patients and feel that as I go into the hospital I will be better equipped to handle people."

Debbie Dunn
Medical Examiner

"This summer definitely reinforced my conviction to set up a rural practice in the great Commonwealth of Kentucky."

Paul McLaughlin
Medical Examiner

Interaction between families and students is also a valuable learning experience for all involved. Through living and working with community members, students learn about mountain living, insight into the health care needs of rural people, and lifestyles different from their own.

"We became a part of their family for three weeks and learned all about them -- their work, children, and grandchildren."

Terry Journell
Dental Examiner

"I really loved living with the Fullers. They taught us so much about the region, the people, the politics, etc."

Sheryl Horwitz
Medical Examiner

For many students stereotypes about Appalachia and the rural South are soon broken:

"Probably the biggest revelation I had about being in Appalachia was that all my stereotypes were broken the first day I was in Feds Creek. Rich and poor, educated and uneducated, coalminers and non-miners, political and apolitical, strong accents and weaker accents, they were all there. First and foremost though they were people."

Sheryl Horwitz
Medical Examiner

"There was a world of experience and ideas between us both in terms of age and culture. But we developed a strong and important friendship. They came to respect me and my goals as I came to respect theirs. We came from worlds apart and met on the common ground that all people share."

Beth Grupp
Rights and Benefits Counselor

And another student sums it up when she expresses her warm feelings towards the family she lived with in Feds Creek:

"The Darnells in Feds Creek were the most loveable, honest good hearted, and humble people I know. They taught me more than I'll ever realize. If I could put it all together the words would flow into a book, 'Zen and the art of porch sitting.'"

Burki Bush
Health Fair Coordinator

Students do gain from working a summer with the Appalachian Student Health Coalition. Whether they learn from each other or from the families they stay with, this interchange of ideas, skills, and lives, is at the heart of the Coalition.

"I guess that I want to stress is my thankfullness for others' willingness to share and open themselves. -- a common human spirit that made the differences between us enriching discoveries instead of barriers."

Catherine DuBeau
Medical Examiner

Summer 1982 Participants

<u>Name</u>	<u>University</u>	<u>Coalition Position</u>
Terry Meng	University of Colorado	Co-Director
Sharman Howe	Brown University	Co-Director
Burki Bush	Vanderbilt University	Health Fair Coordinator
Beth Grupp	Cornell University	Rights & Benefits Worker
Jon Weizenbaum	Brown University	Rights & Benefits Worker
Terry Journell	East Tenn. State University	Dental Examiner
Jayne Prince	East Tenn. State University	Dental Examiner
Tom Grabowski	Vanderbilt University	Lab Technician
Nathalie Smith	Univ. of California at Davis	Health Educator
Joe Aycock	St. Louis University	Medical Examiner
Susan Cooper	Vanderbilt University	Medical Examiner
Kevin Donze	St. Louis University	Medical Examiner
Catherine DuBeau	University of Connecticut	Medical Examiner
Debbie Dunn	Vanderbilt University	Medical Examiner
Caren Gaines	Vanderbilt University	Medical Examiner
Virginia Hendricks	Vanderbilt University	Medical Examiner
Sheryl Horwitz	St. Louis University	Medical Examiner
John Jayne	Vanderbilt University	Medical Examiner
Mary Keating	Vanderbilt University	Medical Examiner
Paul McLaughlin	University of Kentucky	Medical Examiner
Leslie Smith	St. Louis University	Medical Examiner
Steve Werth	Vanderbilt University	Medical Examiner
Mike Wooten	Vanderbilt University	Medical Examiner
Lisa Handwerker	Oberlin College	Special Project
Marie Hurley	Vanderbilt University	Community Worker
Becca Knapp	Brown University	Community Worker
Anne Hodges	Pacific School of Religion	Community Worker
Debbie Schnitzer	Harvard University	Community Worker
Tom Frieden	Oberlin College	Community Worker
Jessica Goldhirsch	University of Michigan	Community Worker
Cheryl Rowe	Vanderbilt University	CHS Staff

YEAR ROUND ACTIVITIES

Student Activities

The vitality of the Appalachian Student Health Coalition depends on the year round involvement of Vanderbilt students. Their encouragement, ideas, and efforts enable the Coalition to remain innovative year after year. Whether it is recruiting a preceptor, organizing an Appalachian craft fair, or chairing a site selection meeting, every contribution is important to the group's success.

Familiarizing the Vanderbilt community with the Appalachian Student Health Coalition is an important part of the year round activities. To begin the new year, a Wine and Cheese Party was held in October. The purpose was to reunite past Coalitioners while also welcoming new and interested students. The large turnout of new and old faces assured us of continued support from the student body. Meetings and potlucks were held once or twice a month throughout the year and interest and participation continued to grow. Presentations on the history of the ASHC and the legal aspects of nursing and midwifery were given, video tapes on health care and Appalachia were shown, and discussions on site selection, Coalition policy, and the organization's progress were held during these get togethers.

The Coalition brings students into communities where they can experience in reality what they so often read about for their class work. This year was no exception. The highlight of the Fall activities was a weekend trip to Appalachian East Tennessee. Eight energetic and interested students traveled to Petros and Briceville, Tennessee, in November to experience mountain life with some of the local people. The Petros Health Council provided a potluck dinner for us which was then followed by a presentation and video on strip mining by J.W. Bradley, an active member of the Council. J.W., who is also associated with Save Our Cumberland Mountains, spoke of the devastation to the land caused by strip mining, in addition to the illegal stripping and loading of the coal, commonly found in the region. After the video tape, the students loaded up in J.W.'s jeep to see for themselves a strip mining project. After climbing up a nearby fire tower, the students looked out with amazement at the chopped off mountains before them. J.W. was quick to answer all of their eager questions and each of them left with a greater sense of the impact of coal upon the rural areas of Appalachia. The day was topped off by spending the night in Briceville where Byrd Duncan, an old time friend of the Coalition, offered the students a place to sleep at the local school house. After barbequeing hamburgers and singing along with the Byrd Duncan Family Gospel singers, the tired but excited travelers settled in for the night on the contoured wooden church pews with the coal burning stove to warm them.

As an organization with a commitment to Appalachian communities, the Appalachian Student Health Coalition works to provide educational and cultural events in the region. Last year an Appalachian Week was held from February 8 to 13 at Vanderbilt and was available to the University and Nashville community. The activities were co-sponsored with the Center for Health Services and organized and planned by Vanderbilt Coalitioners. The week had a full schedule of Appalachian music, lectures, brown bag discussions, a craft fair, an Appalachian photo exhibit, and a showing of the award winning Harlan County, U.S.A.

Fieldtrips and cultural activities are great experiences and an interesting and fun way to learn about the region. Yet, there are activities during the

year that are more business oriented. Student participation in Coalition business and decisions throughout the year is both invaluable to the co-directors and a good learning experience for students. Some of these activities include ordering supplies, organizing and taking the Physical Assessment course, participating in the Spring and Fall Student Health Coalition conferences, and attending site selection committee meetings. Past summer participants coordinate these different areas which helps to assure that, based on their experience, all the preparations for the summer project are taken care of. The Physical Assessment course is sponsored by the Coalition and planned, organized, and taught by the medical and nursing students who worked as medical examiners the previous summer. The course is a medical orientation for the summer health fairs, and is required for all students who wish to work with the health fair team as medical examiners. Obtaining supplies for the next summer's project is another responsibility taken on by Coalitioners. Taking inventory, writing letters to possible donators, and ordering supplies are a few of their projects for the year. Fortunately for Sharman and Terry, though, most of these activities were coordinated and facilitated by Vanderbilt Coalitioners who put in many long and hard hours. They shared their ideas through committee meetings on the summer plans and health fair sites which were instrumental in decision making. All of these are important functions where student input contributed greatly to a successful summer project. Without this group commitment, ASHC would not continue.

The goals of the year round activities are to provide education about health care issues and the Appalachian region, to encourage student initiative, and to foster student participation to get all the tasks done. After evaluating last year's activities there are a few changes we would like to suggest and a few activities we would suggest continuing. Appalachian Week was fun and all those who attended the events seemed to enjoy them, but they were mostly from the Nashville community and not Vanderbilt. One goal we saw of Appalachian Week was to recruit new students to ASHC and increase awareness of the Coalition and the Center for Health Services on campus. We feel that Appalachian Week did not serve to do this. It was a major preoccupation for three to four weeks for this one week. Our suggestion is to have these events spread out over the entire year and use them as a recruiting technique by having Vanderbilt students plan and coordinate them.

The committee meetings that were held throughout the year were very helpful in gauging the progress of the preparations for the summer project. In addition, the student input was very helpful in making sure that the recommendations made at the end of summer conference in 1981 were carried out. Finally, the field trips, folk music concerts, photo exhibit, and other cultural activities are fun for everyone and a wonderful way to inspire student interest and should continue to be a high priority of year round activities.

Community Follow-Up

The Appalachian Student Health Coalition has a commitment each year to continue working with the communities that had sponsored a health fair during the previous summer. We maintain contact with them, follow up on the issues identified during the health fair, and provide technical assistance in any community project that may develop. This year our follow up efforts were centered in Feds Creek, Kentucky, and Stewart County, Tennessee.

Feds Creek, Kentucky. - During the summer of 1981 the Feds Creek community and its surrounding area formed the Upper Levisa Health Council, a council that had plans of developing a community clinic. From the previous summer's work, the Upper Levisa Health Council had contacted representatives from the Kentucky Health Systems Agency and the National Health Service Corps who continued to help the council with site development and physician recruitment. Concurrent with these efforts was the council's need for fundraising and that was where the Coalition was most helpful. We spoke with or visited the council officers nearly every month; arranged for a fundraising workshop in Nashville that was attended by four of the council members; sponsored another health fair with them to enhance the community's involvement in clinic development; and participated in a board training session during the summer. The Upper Levisa Medical Center is now well on its way.

Stewart County, Tennessee. - A North Stewart Health Council grew out of the 1981 health fair and had interests in clinic development, health education, and senior citizen services. We continued to work with them throughout the year as they strove to strengthen their group and take on a community project. Specifically what we did was to attend the monthly council meetings, connect them with the Tennessee Association of Primary Health Care Centers for technical assistance on clinic development, provide advice and research skills, and help them in writing their by-laws. The council accomplished a lot during the year. They conducted a clinic development feasibility study, organized CPR and First Aid classes for teachers, firemen, and interested community members, solicited a donation of a projector from the county government, and consulted with a local group planning to build a nursing home in Stewart County. With the work it has shown so far, the North Stewart Health Council will continue to make Stewart County a better place to live and the Coalition is proud of its role in the council's progress.

THE HEALTH FAIR

The health fair has been the model for the Appalachian Student Health Coalition since the organization's inception in 1969. It is a time when complete physical examinations are given for no charge; when those involved, students and community members alike, gain a valuable learning experience; when a community's focus on health and well being peaks; and when people work together to improve their quality of life.

The health fair is a community sponsored event. Local groups invite the Appalachian Student Health Coalition to conduct a health fair in their community and work with students in putting it on. Students provide free physical examinations and screenings and see an average of five hundred clients in a two-week period. In return for these services, community groups provide essential assistance to the Coalition. They agree to house the thirty students with local families, to locate a school building for the health fair, to feed the students for three weeks, to publicize the health fair, and to find volunteers to assist with registration, height-weight-vision screenings, and community booths. Students and communities work together, each adding what they know best, and creating an outcome far exceeding the cumulative energy actually put into the event. This exchange of human skills and energy lies at the heart of the Coalition.

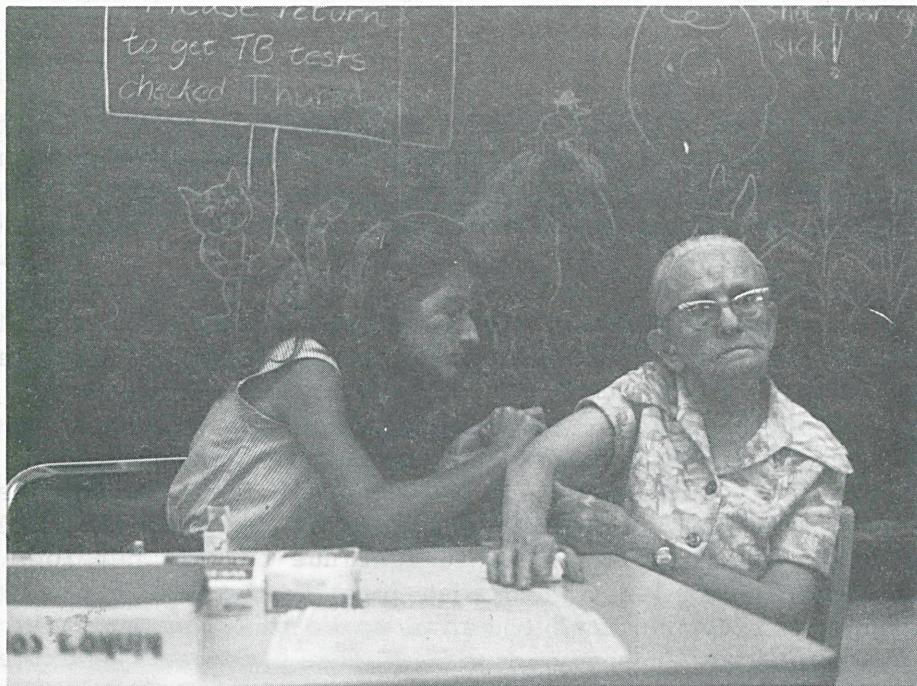
The Direct Services

This summer the Appalachian Student Health Coalition provided a broad range of services. Upon entering the health fair, clients first went through a number of screenings. Community members volunteered to conduct height, weight, and vision screenings. Necessary lab work was done and immunizations provided by local public health departments were given. Each client received a dental check with education on proper brushing and flossing procedures, and a health educator with numerous informational brochures was available for consultation. In addition, glaucoma, lung function, and audiometry tests were provided for those patients requiring them.

Clients would meet with a medical examiner after completing these screenings. Medical and nursing students had been trained in history taking, physical diagnosis, and health education and assumed the role of medical examiner. From these exams clients had their health problems identified and were referred, if necessary, to a physician for treatment, and had their bodies, ailments, and treatments clearly explained to them. The quality of the exams provided is emphasized at the health fair, and each examiner strove to address all of his or her client's health concerns and to answer all the questions the client may have. In total, approximately 1,200 patients were seen in the summer of 1982.

"I really think our main function is teaching. Sure, we might be able to identify some gross abnormalities but we can help these people in a broader sense by teaching them about their bodies and the disease process."

Sheryl Horwitz
Medical Examiner



(Above Debbie Dunn, Vandebilt nursing student, immunizes a health fair participant)

Additional Services

The health fair embodies a broad definition of health. Health is seen as freedom from disease; a state of well being affected by social, economic, environmental, political, educational, psychological, and physical factors. In its efforts to promote good health, the health fair has four additional aspects that touch upon these factors: Rights and Benefits Counseling, Health Education, and Community Booths.

Rights and Benefits. Rights and benefits counselors make clients aware of the medical and financial assistance available to them in their community.

"The overall goal of rights and benefits is to make sure that people who come to the health fair have somewhere to go for help after the health fair leaves. We tried to accomplish this in two ways. One was to assist medical examiners in making appropriate referrals to local doctors and hospitals.... The second way was to make sure that people visiting the health fair were receiving all the medical and economic benefits to which they were legally entitled."

Jon Weizenbaum
Rights and Benefits Counselor

The two rights and benefits counselors act as resources to the health fair team and to the clients coming to the fair. Their first few days in each community are spent familiarizing themselves with all the local services. Public health, welfare, mental health, and other human services officials are visited and information on available services is compiled. The rights and benefits workers then meet with interested clients at the health fair and refer them to the appropriate agency or individual.

Rights and benefits saw many clients this summer and verified its importance to the health fair. Often it is the support of a human exchange that people need and the clients who consulted with the rights and benefits counselors gained a listening ear and a caring attitude if not a tangible solution to their problems.

"The high point of the summer for me was making a home visit to a woman who needed badly to have an operation and was scared and unable to pay for it. I think the health fair had a major effect on her life. We took the time to explain her problem and helped her to sort out her feelings and answered her questions (something no one had done before). We also helped her to find money to have the operation and made sure she was in touch with people who could continue to help her long after the health fair left. And most importantly, we showed her that we cared. We took the time to be with her and talk to her and visit her home. I will always remember the expression on her face when she saw my car pull up in her driveway. She was really surprised that I would actually drive out to see her."

Beth Grupp
Rights and Benefits Counselor

In theory and in practice, rights and benefits is essential to the health fair. Follow up on problems identified at the health fair was encouraged; solutions to personal and economic limitations were found; and both the students providing the counseling and the clients seen, left the summer richer for the exchange.

Health Education. The Appalachian Student Health Coalition emphasized health education in the services provided at the fair. The students explain people's bodies, ailments and medical treatments to them and leave clients with information that enables them to improve upon their own health. This is done in the exchange between client and examiner and through a health educator who provides counseling and informational brochures.

This summer's health educator recognized the importance of health education and worked hard to meet each community's needs.

"Health education, along with rights and benefits counseling, is a crucial part of the health fair because these are the only services we can personally provide to clients in response to problems identified in the medical exams, and possibly the only follow-up some of the very low income people will ever receive or pursue."

Nathalie Smith
Health Educator

Nathalie continually met with clients throughout the health fair, giving them valuable information and answering their questions. She designed a questionnaire to assess community health needs, conducted several health education classes in senior citizen centers, community centers, and private homes; and arranged for an hour long health education question-answer session on a local radio station.

Health education also had its share of frustrations. Not all clients are interested in preventive health information and some staff saw education as a frill service. Curative medicine, prescription drugs and intervention can show direct results while the impact of education is seemingly less directly measurable.

It is this education, however, that is one of the Coalition's strengths. As one medical examiner says:

"It is important for medical examiners to keep in mind that their main ability is patient education."

Steve Werth
Medical Examiner

The time spent with each client and the efforts to explain the exam and the treatment clients receive demystifies medical care. Classes, informational brochures, and community assessments answer people's individual questions and enables them to assume responsibility for their own health. As students, the Coalition staff applies their knowledge in teaching and the health education station is an important catalyst towards this preventive process.

Community Booths. The health fair is a community event, sponsored by a local group for the benefit of its community. As a community event, the participation of local groups in the health fair is an imperative addition to the services of the health fair team. This summer the hallways of each health fair were lined with community booths which provided information on community activities and agencies and added to the fair like atmosphere of the event.

The booths addressed the many issues affecting a community's health. The Cancer Society had educational information and shared films; mental health centers provided information on counseling and education; a black lung organization solicited signatures and, as a result, has plans to develop a black lung clinic in Martin County; and public health departments and home health agencies provided information on the services they provided.

Equally important were the booths set up by the local groups. The Upper Levisa Health Council in Feds Creek raised money through bake sales and advertised their plans for developing a community clinic. The Concerned Citizens of Martin County sold raffle tickets, handed out information on their accomplishments, and recruited several new members. The Douglas Community Health Council also participated in the health fair by holding it in their clinic building and by informing people of the services available at the clinic.

Follow Up

An individual's and a community's health is affected by many different factors. Physical, psychological, social, economic, educational, political, and environmental factors can all have a direct impact on well-being. The Appalachian Student Health Coalition recognizes the many influences upon health and has found it difficult to address them all within the setting of a physical examination. Some people may be uncomfortable in the unfamiliar and often threatening exam room, and an examiner meeting his or her client for the first time does not know of the client's home environment or financial situation.

As a result, follow up has been incorporated into the health fair to address these many influences upon health care. It is a time when the members of the health fair team visit their clients in their homes, conduct health education classes, and participate in community activities. This summer's students traveled up many a holler to answer questions and encourage follow up treatment while consulting with a client over his or her chart. Spare time was filled with community events as each community warmly invited us to join them in local happenings. We learned to flat-foot (or tried anyway) at two fund-raising dances, observed the environmental impact of coal through community and stripmining tours, and observed the Concerned Citizens of Martin County's hearing over local tax assessments.

"Follow up week was a great week in each community because it gave me a chance to see people in their homes and sometimes it filled in the answers to questions I had concerning people histories."

Virginia Hendricks
Medical Examiner

"Follow up provided an excellent opportunity to get to know the people. When I arrived at one lady's house, she handed me a knife and a bucket of cucumbers. She proceeded to teach me the art of making pickles while we reviewed her chart. I plan to try out the recipe myself next summer."

Susan Cooper
Medical Examiner

The beauty of the human interchange is at its best during follow up. The special bond formed between examiner and client during a home visit cannot be replicated in an examination room setting. The caring expressed by a home visit often inspired people to seek care that they might have otherwise postponed or even neglected. Community members warmly invite the examiners to share in their homes and the students see beyond the limited role of patient that each individual adopts during an exam at the health fair. The needs of a family and of a rural community become more apparent and each student can provide better counsel having observed the environment in which the people live.

Conclusions

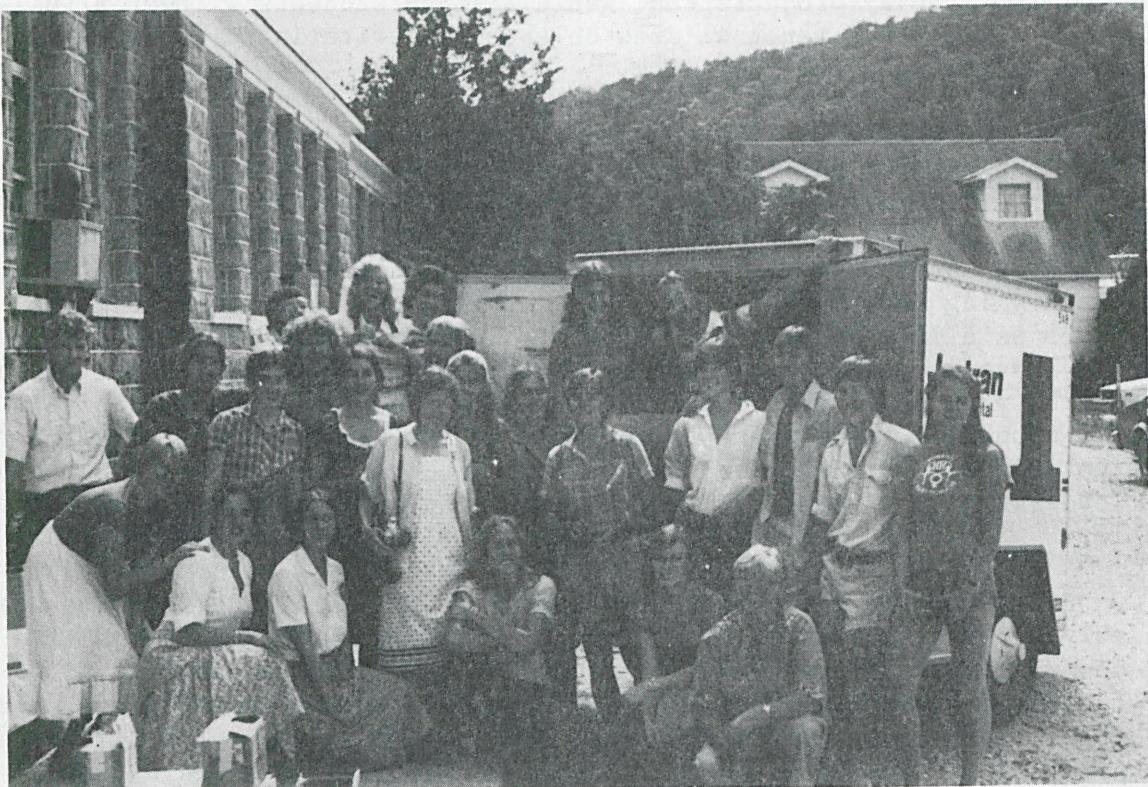
The words of one of this summer's students can best explain the experience that many people have with the health fair and with the Appalachian Student Health Coalition.

"At first I thought our whole responsibility was to give complete, thorough, physical exams to people who never see a doctor but that is only a small part of the total picture of the ASHC."

Terry Journell
Dental Examiner

In providing free health services, emphasizing preventive health care, educating students and communities, and supporting community efforts towards change, the health fair embodies the fundamental principles of the Appalachian

Student Health Coalition. The complexities of rural community health are recognized and addressed through community outreach and the provision of services beyond the directly medical. Education for students and community members is encouraged. And most importantly, the individual skills of many people are shared to create an event with long term effects. The caring expressed through the health fair and by the communities we worked with will be long remembered in the hollers of Appalachia and the lives of the students forming the group.



VANDERBILT MEDICAL CENTER LIBRARY

Some of the 1982 Coalitioners pause for a moment from loading up the health fair supplies into the infamous Jartran to pose for a picture. Gladys Maynard, Chair of the Concerned Citizens of Martin County and Ruth Ann Scott, member of CCMC, are also pictured.

COMMUNITY SELECTION

1981-1982 was a year of change and innovation for the Appalachian Student Health Coalition. The Reagan administration's elimination of Rural Health Initiative grants and of the National Health Service Corps and an increased emphasis upon private practice medicine has had, at a minimum, two effects on rural communities. First of all, community clinic development, which had previously been an important focus of ASHC health fair sites has become close to an impossibility for medically underserved communities. Secondly, existing clinics that have been receiving federal funding are being forced to become self-sufficient to survive. This year's site selection, as well as the focus of the Coalition has responded to this situation by looking for grassroots issues beyond that of clinic development, and by supporting existing clinics in their route to self-sufficiency.

Generally, the goals for site selection were to conduct three health fairs and one or two special projects that would utilize students without a full health fair. From this tenet we drew on specific criteria to choose the sites. These included the following.

1. Local Leadership. The Appalachian Student Health Coalition's history has shown that efforts to affect permanent improvements in a community's health through the health fair must be supported by community leaders. It is the community leaders who clearly identify, through the health fair, the issues that most need attention, while the students have the time and energy to do the necessary leg work. It is also the community that carries through on issues such as clinic development, health education or tax reform after the Coalition leaves. Without the support of local leadership, the summer ground work and the year round follow up do not occur. Secondly, the health fair is a locally sponsored event where students live with families and learn the realities of rural primary care through the exchange. We are dependent upon local leadership to welcome us into the community and to make this exchange possible.

2. Potential for Follow Up. In working with local leadership, the Coalition invariably works with people who are driven to improve the quality of life in their communities. The health fair serves to support these efforts and to identify issues to work on but affecting change is a long term project, one that often continues for years after the health fair leaves. The Coalition makes promises of supporting these efforts and in choosing sites we looked for places where we could keep our commitments. We looked for communities where the issues were clearly enough defined with strong local involvement so that the community group could be far enough along by the end of the summer to make extensive follow up unnecessary. Secondly, we looked for other resources throughout Kentucky and Tennessee to work with the groups and to supplement our own efforts.

3. Geography. This year's site selection efforts reached into eastern Kentucky, all of Tennessee, and northeastern Mississippi. The Coalition has a history of working in the Appalachian region and in western Tennessee and we continued our commitments to these areas. We also decided to break into a new state, Mississippi. Mississippi, while one of the poorest states in the nation and with health care problems similar to those of western Tennessee,

has had no involvement with Student Health Coalitions. We worked to establish contacts and sites there to assess the interest in the Coalition and to either develop a commitment to Mississippi or to spawn a new Coalition based within the state.

4. Issues. Though communities throughout the south are working on issues that affect community health, the Coalition has to limit itself to those issues that our skills are best suited for. This year these issues included land ownership and tax reform in Central Appalachia, support of existing clinics through marketing strategies, and -- though deemphasized from the past -- clinic development. Tax reform efforts are based on getting equitable revenues from large landholders and is important to community health because the dearth of services is largely due to low county revenues. We hoped to support community efforts to increase their revenues and local services and found Martin County an ideal site for this issue. The Coalition has helped start clinics in the past and has a commitment to the longevity of the health centers. Marketing of health services by clinics to reach low and middle income clients is a new and essential endeavor that the health fair is well suited for. The clinic in Stanton, Tennessee, reached both old and new clients by sponsoring a health fair this summer and expected results to include an increase in utilization. And finally, some communities are working to develop community clinics by looking to local sources of wealth instead of the government for start up funds. The Coalition has many years of experience with community clinic development and despite hard times has contacts that can help with fund-raising, physician recruitment, and site development. If a community wanted a clinic and had alternatives to federal funding, we felt we could offer them support.

5. Relevancy to Student Learning. In addition to the Coalition's commitment to communities is its commitment to students. The vitality of student interest keeps the Coalition dynamic from year to year. We looked for sites where we would learn from the local people. More specifically, we looked for communities that were receptive to housing and employing students during the summer, for issues that would challenge students to challenge themselves, and for a solid exposure to rural primary care for the medical and nursing students considering a career in such an area.

It was these considerations which ultimately determined our choices for sites.

MISSISSIPPI

One of the goals in community selection was to develop a site in Mississippi. This goal was not achieved. We feel, however, that the following account of our experience in Mississippi is important to include in this report.

ASHC pursued having a health fair in Mississippi until April when the Woodland Health Center, Inc., withdrew its invitation to us to conduct the fair. Prior to this decision we had been actively working with an energetic and enthusiastic group of community people. They, blacks and whites, shared their homes with us, told us stories about their fundraising efforts for the clinic, and began to organize and prepare for the health fair. And then a minority, but a powerful minority in the community spoke up against the fair and voted not to have it. We review this community, then, not to evaluate the impact of a health fair but to show the barriers we ran up against that prevent people -- black and white people -- from working together and cooperating toward the common good of their community. This barrier symbolizes the barrier that many people face, whether they are whites in Appalachia or blacks in Mississippi, in obtaining adequate health care and is a barrier that communities and the Coalition work to break down.

The Appalachian Student Health Coalition has benefited many communities in Appalachia and western Tennessee and since health care conditions in these areas are similar to those found in Mississippi we felt Mississippi could benefit in the same way. In order to extend the Coalition to Mississippi we wanted to involve as many sectors of the state as possible. Since one of the co-directors, Terry Meng, is from Mississippi we thought the difficulty of being seen as outsiders in Appalachia when establishing contacts would not be encountered in Mississippi. By reaching all sectors of the state we could gain knowledge of the health care situation in the state, gain the interest and support of the state's health providers and administrators, and find resources to continue working with the community group that chose to sponsor the health fair. We hoped in the long term Mississippi would set up its own Student Health Coalition.

We first heard about Woodland, Mississippi, through an interview with a physician who had a nearby practice. He spoke critically of the clinic development efforts fearful that the clinic would take away some of his own business. In consideration of his lack of support we decided to visit Woodland ourselves to see if ASHC could offer some support to them.

We drove into the small community of Woodland which lies in the northeastern part of the state in southern Chickasaw County. The land is rural with largely cotton and soybean farms and for a livelihood people are predominantly farmers or work the small industries in the area -- mostly furniture factories. The population of Woodland was 130 in the 1970 census (the 1980 population figures were not available); the racial split was 65% white and 35% black, and the clinic's service population is 2,805. The community formed a health council in 1980 that had received a grant from the Appalachian Regional Commission for start up funds and one year's operating expenses for a community clinic. The building was to be finished in March and the council had only to find a health provider and devise a plan for self-sufficiency for the second year of operation.

We spoke with a number of local residents who were actively involved in the clinic development. They were enthusiastic about the health fair and invited us to attend the Woodland Health Center, Inc., board of directors meeting. At the meeting we explained the Appalachian Student Health Coalition and how their community could benefit from a health fair by increasing patient utilization at the clinic. Terry later returned for a larger community meeting and shortly thereafter the Appalachian Student Health Coalition received a letter inviting us to conduct a health fair in conjunction with the opening of the clinic. The objective was to increase community awareness of the clinic and, in the words of T.O. Martin, the board president, "to awaken in the community a spirit of togetherness and awareness that would be very helpful in starting a new and much needed venture of this kind."

After negotiating with board members for several weeks concerning the health fair we found that they did not agree with the Coalition's belief that all members of the community be given the opportunity to be involved in the planning, preparation, and running of the health fair. The Appalachian Regional Commission representative, while providing money but little technical assistance in the form of start up advice suddenly became involved when he heard of the plans for a health fair. He advised the Woodland Health Center Board to cancel the health fair. He was afraid that with the involvement of the black community in the health fair and in association with the health clinic would come the image of a free clinic to serve the black population. He, a representative for a government agency, preferred to discourage participation from the black population in the clinic's services and in effect, convinced the board they too should exclude the blacks.

The proverbial straw that broke the camel's back with regards to the health fair arose over housing issues. It was a practice of ours when visiting a community prior to the summer to stay with different people each time. It was a helpful way of incorporating all of the community into the upcoming event, the health fair. On our third visit we spent the night with two black families and, as a result the council decided to cancel the health fair. They would not allow white students to stay with black families and were afraid that the clinic would gain the reputation of being a "black clinic".

The Woodland Clinic is a much needed clinic:

"Primary health care in Chicasaw County is to a great extent, inaccessible and unavailable to residents of Southern Chicasaw County."

David Kasserman
Information for Assessment of Health
Care in Woodland

With funding for only one year, the clinic will have to struggle to become self-sufficient, a struggle that would have been aided by the health fair. Unfortunately, the few white "leaders" of the community, and the representative of the Appalachian Regional Commission overruled the individuals, black and white, who were willing to overcome racial tensions for the purpose of the clinic. It is very sad the in the 1980's when resources are tight and people all over face financial as well as geographic barriers to health care that a small town like Woodland cannot let go of its racial prejudices to create a health clinic for all people. The Coalition works to overcome these barriers but the desire to do so must come first from the communities being served. In Woodland it did not.

HEALTH FAIR SITES

Feds Creek

The Coalition held its first 1982 health fair in Feds Creek, Kentucky, a small coal mining town in the eastern edge of Pike County, the largest coal producing county in the country. This was the second summer in a row that the Upper Levisa Health Council has invited the Coalition to work in Feds Creek. The purpose of this return visit was to rekindle and sustain community interest in building a primary care clinic, a task initiated by the adjoining towns of Feds Creek, Grapevine and Mouthcard with the help of the Coalition in the summer of 1981.

The first week of the health fair was an auspicious beginning of the summer for us all. Although the patient load was small for the first few days, it increased gradually which gave the medical examiners time to ease into their new roles. Those examined were consistently impressed by the thoroughness and quality of their exams. One of the ways in which the community expressed its gratitude was by providing one amazing banquet after another of home cooked specialties each day of the health fair. Similarly, after the day's work students were welcomed by the warmth and generosity of their host families. As a final gesture of appreciation of our first week of work, Guy Miller treated the Coalition to a cookout and swimming part at his house. This gave students as well as community members a chance to unwind and celebrate after a tiring and productive week.

The health fair drew much attention to the clinic project and encouraged many new people to volunteer their help. The two organizers living in Feds Creek for the summer, Marie Hurley and Rebecca Knapp, worked to sustain the enthusiasm generated by the community's participation in the health fair and channel this energy into the clinic project. Their approach was first to help the community articulate its specific goals in developing a primary care clinic and second, to help determine a strategy for attaining those goals.

The first step in this process was organizing a workshop for clinic board members and all interested community people to focus their energies on three vital aspects of building a clinic: (1) fundraising, (2) recruiting a physician and (3) developing the clinic site. Bob Calhoun and Sheila Everly from the Kentucky Office of Primary Health Care and staff members from the Center for Health Services joined forces to conduct the workshop. It was a very productive evening in that it gave community members a chance to establish a much clearer sense of the job ahead of them and a formal structure of clinic development. More importantly, though, the workshop allowed them to divide up the project into small tasks which could be designated to a large number of people. The group formed three committees, one for every workshop topic, with at least one clinic board member serving on each. The evening fostered a sense of community involvement as well as a spirit of determination that if the clinic is ever going to work, people from all three towns are going to have to work together as one cohesive group.

In addition to providing assistance to the Health Council, Becca and Marie spent some time door knocking in the more isolated parts of the three

towns. They sought to encourage those who had not yet heard about the health fair to make appointments for examinations. People seemed consistently eager to talk about their health problems and the tragedies they or their friends and relatives have suffered from being so far from emergency medical facilities. This gave the organizers frequent opportunities to raise questions about the lack of adequate health care in the area.

The second week of the health fair showed marked evidence of progress. There was a higher turn out for examinations, keeping students busy, appointment books full, and a wait list steadily growing. More community volunteers helped run the fair this week, too. More importantly, this was a week in which new community leadership emerged as the recently formed committees launched their plans. The most visible accomplishments were fundraising events. Community people organized a square dance, followed a week later by a very well attended "country bluegrass sock hop", complete with live bands, concession stands, auctions, and lively dancing lasting well into the night. Several days later, Jimmy Harrison and his family set up road blocks to raise money for the clinic, bringing the week's earnings to over \$700. Beyond the financial success, these events brought together all sorts of new people in the interest of building a clinic. Everyone could share the surge of enthusiasm for the project.

During the last four weeks of the summer, medical examiners returned for follow up. After follow up, the organizers worked to keep the momentum of the clinic project growing. They were most eager to develop greater support and participation from the clinic board members so that responsibility for the project would not step back upon the shoulders of one or two people as it had in the past. The effort proved to be the most difficult for the organizers and they strongly urged that the Health Council and the Coalition continue to strengthen such leadership next fall and winter.

Members of the Feds Creek, Mouthcard, and Grapevine Community and the Coalition can look back on the summer's work with a sense of accomplishment and satisfaction. While we all ended the summer feeling optimistic about the clinic project, the Coalition's work there was not without some frustration. These frustrations did not stem from the dynamics of the community or the health council or the clinic board, however, but from the larger forces in operation which make the need for building new clinics so great and yet which also makes the task so difficult. Eastern Kentucky has some of the richest coal fields in the world, and yet the tremendous wealth they generate goes out of the counties, out of the state and often out of the country. Beneath an industry that generates billions of dollars sit some of the poorest, most neglected rural communities in the country. Ownership of this region by large absentee corporations and a tax structure which fails to channel revenues back into the neediest communities only perpetuate and increase the need of areas like Feds Creek for improvements like new clinics. But finding friends to make these improvements is extremely difficult now. The Reagan administration has cut virtually all federal funds for building new clinics, and the economic recession resulting in a large number of the region's coal companies closing down and hundreds of workers losing their jobs makes raising money on the local level unrealistic also.

Given this bleak picture of the Appalachian region, we were all the more impressed by the triumphs of the Feds Creek community this summer. On an individual level, changes people made in their attitude toward health care marked a small but crucial step toward securing a basic right to good health. On a group level, the summer's activities substantially increased community support for and involvement in the clinic project. More people started to attend health council meetings; new leaders emerged to volunteer their time, and offered to take responsibility for various aspects of the project. This building sense of group participation gave the project a new momentum which, if nurtured properly, could carry the group through over the toughest of times.

Perhaps the most inspiring change we witnessed, however, occurred on a broader level still -- the community level. A solid partnership developed between the adjoining towns of Feds Creek, Mouthcard, and Grapevine. When one considers how often rural towns remain isolated from one another despite close proximity, this partnership was a great success. Members of all three towns came out to the health fair and started attending meetings and joining committees. The health council expressed its commitment to strengthening the partnership by rotating the location of its meetings and fundraising events from town to town. Out of their union came a new determination to build a clinic. The synergistic strength of these three towns pushing together toward a common goal transformed what was last year a pleasant dream to what has become this year a real possibility.

Marie Hurley, community worker, summarizes the high points of her summer experience in Feds Creek:

"Beautiful mountains, Lakie's biscuits, cakes, pies....Bobby's jokes, the freak show at the Breaks, working with volunteers, friendship with Nell, workshop, square dance, blue grass fundraiser, Frankie's hospitality, Nathan's burr hair cut, working with Opal and listening to her antics, organizing meetings, and working with my cohort Becca."

Marie Hurley
Community Worker

"For the first few days in Feds Creek, I felt completely out of place. I felt I had no way to communicate my life's experiences to the people around me and no way I could possibly understand theirs. But in no time, the ice broke and they began to talk and I began to talk almost as if we'd all grown up in the same town. It was a nice affirmation of something I'd known intellectually, but never really understood: no matter where you go, people everywhere have lots in common."

Rebecca Knapp
Community Worker



Upper Levisa Health Council

Mouthcard, Ky. 41548 606-835-4466

You, your family and neighbors deserve to have quality medical and dental care. You deserve to have professional health services available in your community.

If you live in Feds Creek, Grapevine, Lick Creek, Mouthcard and surrounding areas, you can help your community get the health services you deserve.

Plans are under way to develop the Upper Levisa Health Clinic to serve the residents of your area. The clinic will be located on Kentucky highway 1499 near Mouthcard Baptist Church. At first, a temporary structure will house clinic offices for a physician and a dentist. Nine area citizens make up the clinic board of directors and they will be responsible for the clinic's operation. The board is presently looking for a doctor and a dentist to staff the clinic.

The clinic will be financed solely by patient fees and private contributions. Patients will pay for medical care at the clinic with either cash, health insurance, Medicare or Medicaid, and the cost will be close to what you've been paying at other clinics.

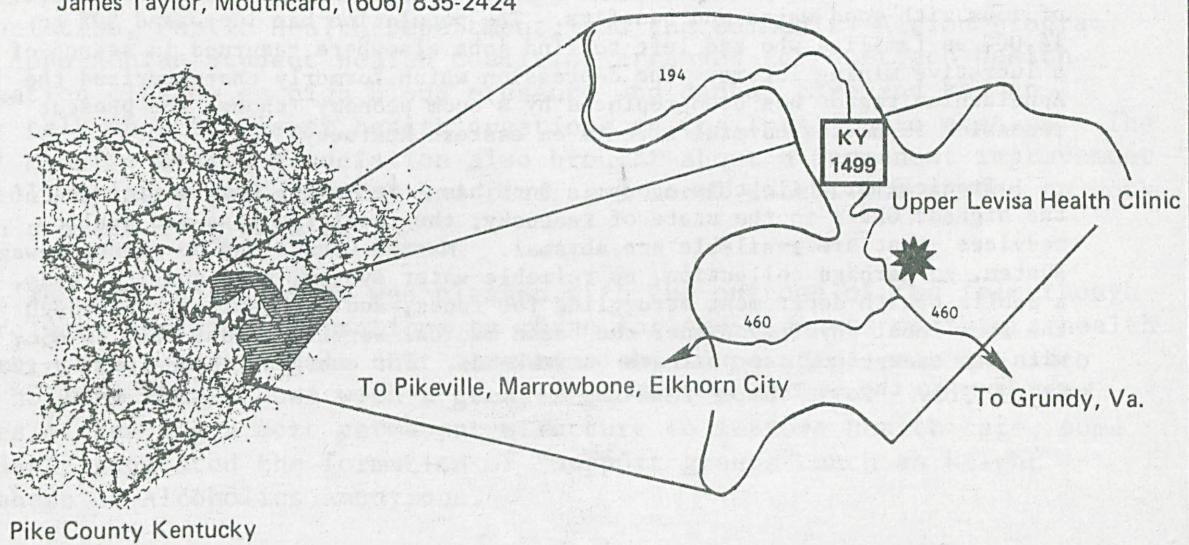
You can help make the Upper Levisa Health Clinic a dream come true for your community through your cash contributions. A fund-raising volunteer will be calling on you, or you can send your donation to any board member. Any contributions to the clinic are tax-deductible.

If you have questions about the Upper Levisa Health Clinic please contact one of the board members listed below.

MAKE YOUR CONTRIBUTION TODAY; YOU DESERVE IT!

Upper Levisa Health Clinic Board of Directors

Opal R. Greene, Chairman, Mouthcard, (606) 835-2227
Clifford (Guy) Miller, Vice-chairman, Feds Creek, (606) 835-4526
Corbet Belcher, Mouthcard, (606) 835-4514
Tulie Bishop, Lick Creek, (606) 835-2849
Elizabeth Burchett, Pikeville, (606) 432-8843
Cecil Chaney, Mouthcard, (606) 754-5118
T.L. Johnson, Phyllis, (606) 835-4675
Anita B. Justice, Phyllis, (606) 835-4717
James Taylor, Mouthcard, (606) 835-2424



Martin County

"I understand a bit better why I feel such deep admiration for people working to survive, to preserve their land, their history, and their rights as people."

Debbie Schnitzer
Community Worker

The summer's second health fair site was held in Martin County, Kentucky. Martin County is a strikingly beautiful mountainous region in the eastern Kentucky coalfields. Upon entering the county one is struck by the pervasive impact of the coal industry, poor traveling conditions, and extremes of wealth and poverty. Travel into, out of, and within the county is burdened with many heavily laden and slow moving coal trucks, a large number of potholes, and the lack of anything but two lane mountain roads. Such a transportation network serves to further isolate the county beyond the three hour drive to Lexington and to discourage the development of new business and industry in the area.

Martin County is a one industry area, almost all facets of life are dependent upon the coal industry. Most of the local employment is with the coal companies, other local businesses look to the coal workers and companies for much of their business, 50% of the land is owned and controlled by coal interests, the four main population centers are old coal camps, and the land everywhere is scarred by strip mines and coal tipples. The cyclic busts and booms of Martin County, one could well argue, are closely tied to the coal industry.

Martin County is the site where LBJ first declared his war on poverty but since the 1960's there have been many changes. The mining boom which began in the 1970's opened old and new mining operations and provided a new source of jobs with good wages and benefits. The population has increased 50% to 14,000 as families who had left to find jobs elsewhere returned in search of a lucrative mining income. The depression which formerly characterized the Appalachian region has been replaced by a boom economy (though the present recession is having harmful effects on eastern Kentucky).

Ironically, while this economic boom has left Martin County with one of the highest GNP's in the state of Kentucky, the local tax base and public services that are available are abysmal. Martin County has no county sewage system, no garbage collection, no reliable water system, poor quality roads, a public health department struggling for funds, and no hospital. Although the four local physicians meet the basic medical service needs, they do not, with one exception, see patients on weekends. For emergencies one must drive one hour to the nearest hospital.

The Concerned Citizens of Martin County (CCMC) have been frustrated with the local services as they watch the wealth from coal leave the county and go towards corporate profit sheets. They have been working to increase their local revenue. It is towards this end that the CCMC invited the Appalachian Student Health Coalition to conduct a health fair.

The Concerned Citizens of Martin County formed as a group in February of 1982. They originally came together to, successfully, oppose HUD's efforts to relocate the town of Beauty, a move that the government had planned without any participation from the Beauty residents. Since then the CCMC has evolved into a group of residents trying to increase the county services as well as the role of residents in running the county. During the last two years the CCMC has been actively working on problems of land ownership and inequitable tax policies and have, among other things, brought in an additional \$86,000 through a lawsuit to increase property taxes on large absentee landholders. They have joined with other local groups throughout Kentucky to form the Fair Tax Coalition and sponsored a health fair with the ASHC. The CCMC intended for the health fair to provide a valuable service for the people of Martin County and to let the county residents know of the group's efforts to improve health and services in the region. The fair proved to be a success.

The two community organizers for Martin County, Anne Hodges and Debbie Schnitzer, arrived on June 14 to help prepare for the upcoming health fair which was to run from June 21 to July 2. The preparations included publicity, finalizing housing and food arrangements, and seeking out local participation in the fair. The CCMC gave Anne and Debbie a warm welcome and together they raised over \$300 through a street collection, got housing and food for all the students with the health fair, brought in the help of a number of local agencies, and spread the word of the upcoming health fair.

The health fair served both medical and community action needs. Over 300 people were seen and a waiting list of 30 remained at the end of the fair. Some previously undiagnosed cases of diabetes, high blood pressure, and unusual growths were found and thorough health education was provided for each person who visited the fair. Local agency participation in the fair included the American Cancer Society, Home Health Extension Service, Mountain Comprehensive Health Association, Coal Miners Health Association, Public Health Department, and the Community Action Program. The Appalachian Student Health Coalition arranged for outreach health education classes on high blood pressure and dental care and had an hour talk show to answer health questions on the local radio station. The Coal Miner's Health Association also brought about a permanent improvement by soliciting signatures for and finding a local doctor who agreed to work with a black lung clinic.

The health fair team was pleased with the outcome of the fair though there were certain frustrations to share for the planners of future health fairs. The students felt that more time should be spent reaching into the hollers where those with a greater medical need live. And, in the hopes of leaving a more permanent structure to improve health care, some students suggested the formation of "support groups" such as Weight Watchers or Alcoholics Anonymous.

The health fair was very successful at presenting a positive and broader image for the Concerned Citizens of Martin County. The CCMC had been seen as an advocacy group that cares to provide a service for the community.

The local Chamber of Commerce showed an interest in the CCMC and two local doctors came to work as preceptors at the fair. During the health fair CCMC members signed up eight new members and most became active in the summer meetings and share CCMC's concern for improved services through tax reform. All the members felt proud of the fair and of their role in bringing it to the community.

The Appalachian Student Health Coalition aims to leave each community with information or means to affect permanent improvements in the local health and well being. We typically work with local groups that have defined goals, as in the case of the CCMC, and hired two community workers, to work for this group. Anne Hodges and Debbie Schnitzer, as community workers in Martin County, successfully tied the health fair into the CCMC goals and then conducted research that the group felt to be of central importance.

The CCMC's concerns are about the county tax revenues and how the lack of tax revenues contributes to the availability of much needed services for the local residents. The student's research centered around this theme. Because so much of the county revenue is based on the coal industry the CCMC wants to understand the workings of the coal companies and the large landholder. Anne gathered information on the coal companies and the land corporations operating in Martin County and their connections to larger national and international corporations. Additionally, the lack of services has adversely effected environmental conditions in Martin County so Debbie spent time researching the water system, a target of many complaints. She worked on a project tracking how much money leaves the county in taxes and how much returns.

The information gather was said, by the CCMC, to be helpful. Anne and Debbie had the time to do research that many members did not have because of family and employment responsibilities. Just as important as the information itself is the means of acquiring it and the transfer of the research skills to the CCMC members. Again, the community workers made every effort to include training in their researching.

"The most challenging and frustrating part of this kind of research is that one can become an expert on these matters but fail to leave it in any useable or understandable form. I tried as well as possible to explain the how-to's as well as the what's."

Annie Hodges
Community Worker



(From left to right: Dr. Rich Oglend, Vernal Maynard, Anne Hodges, Gladys Maynard, Debbie Schnitzer, and Dr. Lewis Lefkowitz. Dr. Lefkowitz and Dr. Orland were preceptors for the fair.)

Anne and Debbie provided technical assistance to the CCMC. The group was well organized and had their issues, for the most part, identified, but needed people power to do some of the leg work. The responsibilities of community workers with the Coalition have ranged from organizing community health councils to providing technical assistance to an already developed group. Given the sophistication of the CCMC, the short duration of Anne and Debbie's stay, the clarity of issues, and the group's plans for a full time organizer in the fall, technical assistance clearly became the best role for students to play.

As the summer approached we became increasingly excited about working in Martin County. Since the beginning of the year we had hoped to find a site where we could tie the health fair into tax reform efforts in the mountains and felt confident that Martin County was the best place to do it. The summer bore out our expectations. A warm welcome given to the students and an information orientation set up by the CCMC helped the group feel at home and understand how taxes are important to the availability of services and to a community's health and well being. The services provided were appreciated and the CCMC gained some valuable research as well as an improved public profile.

As a final note it is important to mention that future work with the CCMC should be kept in mind. Water quality problems have been identified and could develop into special projects or health fair themes in upcoming summers.

The Concerned Citizens of Martin County
P. O. Box 670
Inez, KY 41224

September 15, 1982

Terry Meng and Sharman Howe
Appalachian Student Health Coalition
Center for Health Services
Vanderbilt Medical Center/Station 17
Nashville, TN 37203

Dear Terry and Sharman:

On behalf of the Concerned Citizens of Martin County, we wish to thank you for all your help with the health fair and our other activities this summer.

The members of the Concerned Citizens and the local community feel that the summer health fair was a big success. Although its success can be attributed to the efforts of many people, we especially want to acknowledge the importance of your help.

This summer was especially important in "re-activating" the Concerned Citizens again and getting a lot more people involved. Our activities this summer - and your role in those activities - will always mean a great deal to us as we continue to improve the quality of life in our community.

We hope someday, you can work with the group again or come back for a visit. Keep in touch.

Sincerely,

Gladys Maynard
Gladys Maynard
The Concerned Citizens of Martin County

Health Services Survey

Male/Female? _____ Age _____

Is your doctor in Martin County? _____ If not, where? _____

In the last five years have you had a need for emergency medical services? _____

- How frequently? _____
- What did you do? _____
- Where did you go for help? _____
- Were you satisfied with your treatment? _____

What kind of water system do you use (city water, water well, other)? _____

- Have you had problems with your water supply such as shortage or contamination? _____
- How often have you had problems with your water? _____
- What did you do about it? _____
- Were you satisfied with the results? _____

What is your sewage disposal system? _____
(Septic tank, drainage into the creek, other)

- Are you satisfied with it? _____

What is your garbage disposal system? _____
(Green box system, pick-up service, other)

- Are you satisfied with this system? _____

What part of the county do you live in? _____

Do you have any other comments about county services?

THANK YOU!

Free services offered at Health Fair

Martin Countian
Wed. June 23, 1982

by Anne Hodges

The Inez Middle School is usually peacefully vacant during the warm summer days. This week and next, however, the grade school hallways will be bustling with the activity of the Martin County Health Fair sponsored by the Concerned Citizens of Martin County.

The health fair is offering free comprehensive medical examinations to all Martin County residents. The exams include dental, vision, hearing, and blood testing.

Free immunizations and vaccinations are also being provided. Parental authorization is required for the immunization of children.

The health fair is being conducted by the Appalachian Student Health Coalition from Vanderbilt Hospital in Nashville, Tenn. The Coalition has worked for 13 summers in more than 60 Appalachian communities.

The medical and nursing students, supervised by M.D.'s and nurse practitioners, perform in-depth examinations

to provide the residents with the clearest possible information and recommendations on their individual health needs.

In addition to the actual examinations, the health fair is hosting displays, films and presentations from local and regional health-related agencies. Coal Miners Health Association, American Cancer Society, Comprehensive Care, Home Extension Service, Senior Citizen Center, and others are providing information to local residents in the school gymnasium.

Rights and benefits counselors are also available to consult with local residents about programs and assistance for health-related needs.

Many Martin County residents and businesses have generously contributed time and resources to help bring the fair to the county. The CCMC is especially grateful to the following for their help:

People's Market, Mooney's Fried Chicken, Country Kitchen, Clark's Pump'n' Shop, Inez Supermarket, Copley's Market, Moore's Grocery, Wells IGA, Kentucky Fried Chicken, and Maloney's.

It also thanks Evans Dairy Bar, Beauty Cash Store, Hensley's Grocery, Hilton's Grocery, James Jude Grocery, Evans Market, and the Martin Countian for their help.

Many local businesses have donated lunches for the health teams during their stay in Martin County. Saint John's Catholic Church provided a welcome dinner Sunday evening and helped set up the equipment and examination rooms.

CCMC members and friends have provided housing for the participants, and the group collected over \$300 Saturday to help pay for various expenses of the health teams.

Tom Dials, Inez Middle School principal, and his staff, volunteered great time and energy to prepare the school for the fair.

The CCMC views the health fair as a valuable way of increasing county awareness of the essentials of good health. The group believes making necessary health services available will improve the quality of life in Martin County.

★ ★ The Martin Countian ★ ★

"A paper with integrity"

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Martin County *Wet*, June 30, 1982

Over 200 residents take advantage

by Timothy Boudreau

The Martin County Health Fair rolled into its second week at the Inez Middle School Monday and its vital signs look very good indeed.

According to Anne Hodges, one of the coordinators for the fair, the medical students and physicians saw and examined over 200 area residents last week. And this week, she said, the fair's organizers and workers expect even more county residents to take advantage of the free medical checkups.*

Hodges said residents wishing to participate can simply walk into the fair and register. However, she stressed, it is to the resident's advantage to phone ahead for an appointment because it will save waiting time.

Although many of the health problems have been fairly routine—high blood pressure, nutrition problems and the like—several cases of previously undetected diabetes have been discovered in the examinations, Hodges said. She also said several county residents were tested for tuberculosis for their very first time even though the

county has a high rate of the disease.

Some of the health fair workers have gone door-to-door in some of the more remote areas of Martin County, she said, to explain the services available to the residents and urge them to take advantage of them. Hodges said the response from those people has been friendly and receptive.

One of the aspects that has contributed to the success of the fair has been what she called the "incredible cooperation" of many area businesses, schools, residents and organizations. In addition, she said, a cross-section of the county—senior citizens, handicapped, young and old—have taken advantage of services at the fair.

Hodges said many residents have told her the thoroughness of the examinations have made the check-ups the best they have ever had. She said she sees many of the patients after the examinations.

Two weeks after the fair officially ends, Hodges pointed out, some of the medical examiners will return to the county for follow-up visits and to make health-care recommendations in cases needing more attention. They will also provide the

results of lab tests. Residents able to house students for that time are urged to call the Concerned Citizens of Martin County at 298-4334.

Hodges said the willingness of the CCMC to try to address some of the health problems and needs for Martin County residents sparks optimism among the fair participants. The CCMC is the sponsor of the fair.

An additional benefit for Martin County and eastern Kentucky in general is the impact the two-week experience has had on the medical students. Hodges said some of the students have expressed interest in returning to eastern Kentucky to set up a practice after graduation from school.

Besides the immediate services provided area residents, the health fair is conducting a survey of area health needs and problems. Hodges pointed out the survey asks about garbage collection, sewage systems, water supplies, emergency care availability and related services to assess health needs. The workers then try to relate their findings to the overall health picture in the county.

of Health Fair

In other health fair activity:

* The CCMC has announced a special meeting 7:30 p.m. Thursday, July 1 to discuss health care in the county. The meeting will be in the CCMC Office across from the Impala Motel.

The CCMC is the sponsor of the health fair, in conjunction with the Center for Health Services of Vanderbilt University. The group is concerned with the limited health care available in Martin County and is encouraging residents to attend to discuss the matter.

At the meeting, the preliminary results of the health fair survey will be announced. Anyone interested in improving the emergency health services in the county is urged to attend. For more information, call 298-4334 or the health fair at 298-3428.

* Members of the Black Lung Respiratory Clinic Task Force can be contacted at the health fair this week.

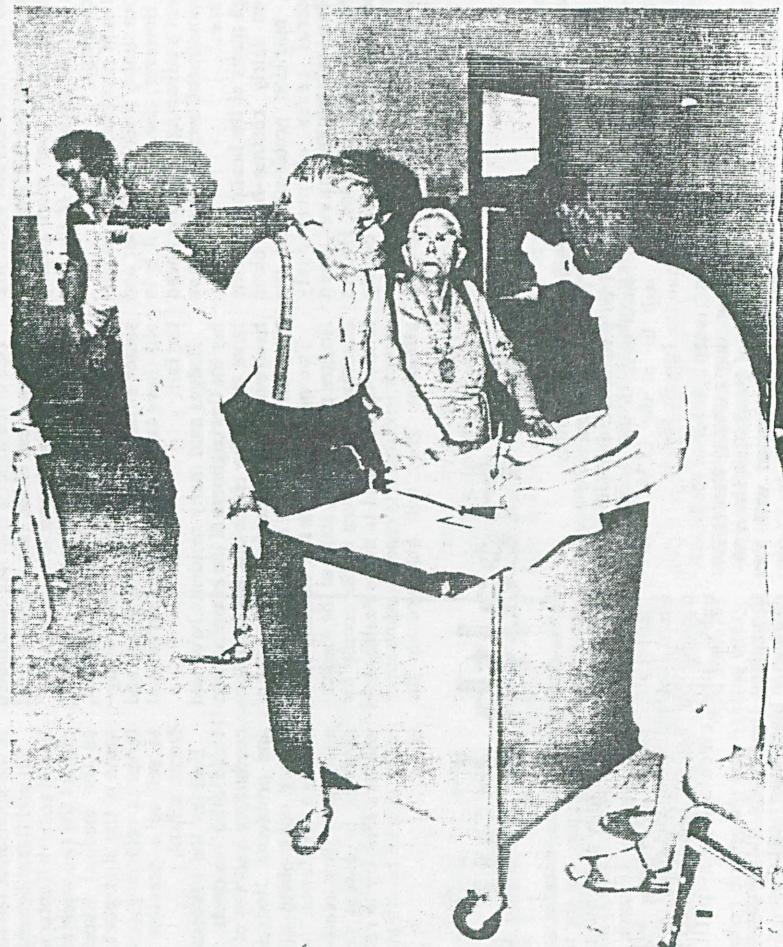
Funds have been set aside for several years for a black lung clinic, but the program has never been fully implemented.

Advocates of the program, which would allow black lung victims to receive training for helpful breathing techniques, are circulating a petition

throughout the county. Information on changes in black lung regulations, effective January 1, is also available at the health fair.

Martin County

Wednesday, June 23, 1982



In fair health

Ben Maynard (left), and his wife, Vicie, check into the Martin County Health Fair with Burki Bush, one of the medical students working at the event. The fair began this week at the Inez Middle School and continues to July 2.

Martin Countian Wed, June 14, 1982

HEALTH FAIR

- ✓ FREE complete medical exams
- ✓ FREE immunization and health forms completed
- ✓ Community health education on black lung, cancer, nutrition and more!

June 21 to July 2

Location: Inez Middle School
M,T,W,F 9-5; Thurs 1-8

Call 298-3264 or 395-5135 for an appointment or for more information

**Sponsored by the
Concerned Citizens of
Martin County**

Martin Countian Wed, June 14, 1982

Health Fair starts Monday!

Health Fair!

Editor:

The Concerned Citizens of Martin County (CCMC) will be sponsoring a Martin County Health Fair at the Inez Middle School, June 21 - July 2. This means free physical examinations for all Martin Countians who wish to participate, especially school children who have to have a physical examination before starting school next year. No one will be turned away.

The examinations will be given by medical students from Vanderbilt Medical Center under the supervision of M.D.'s, also follow-up and referral services for those who need them.

As sponsors of the Health Fair, the CCMC are responsible for finding food and housing for the workers. We have had very good response from the Board of Education in providing work space at the Inez Middle School. The Martin County Shrine Club will provide breakfast foods at the work place. Also, the local restaurants and groceries are providing lunches for the workers. Food will be picked up by volunteers and taken to the work place. We are happy to say the community is responding well. All we lack is housing for 20 medical students, doctors, and nurses.

If you have a spare room and would like to keep one or two medical students for two (2) weeks (no weekends), please call the following numbers: 395-5135 (ask for Gladys), and 298-4010 (ask for Jane). Students can help with chores and help provide some food for the evening meal if you prefer.

The CCMC are proud of our community and are volunteering to help provide this free service for the community. With your help it will be a success.

Gladys Maynard
Lovely, Ky.

Douglas-Stanton

Working with the Douglas Community Health Center in Stanton, Tennessee, involved the Appalachian Student Health Coalition in a new and innovative issue this summer. The Coalition helped the Health Center in its marketing efforts that are a part of the clinic's plan to gain self-sufficiency. It was also a site where we returned to a clinic that had grown out of former involvement with the Coalition. We assisted the clinic by conducting a marketing survey to assess the needs of the clinic's service area and by providing free medical screenings through a health fair sponsored by the health center.

The communities of Stanton and Douglas are predominately black communities in west Tennessee with a long history of activism dating back to the civil rights movement. Activism in this area of west Tennessee began in the mid-60's with boycotts of white businesses and white medical providers due to racist and inferior treatment of blacks. In accordance with this movement there was a strong drive for voter registration and desegregation. Many of the people who were influential in this voter registration drive and other civil rights efforts later formed the Douglas Community Health and Recreation Council which continues to meet today. This commitment and effort to improve the quality of their life has its roots in a heritage of pride in their community and in their land that is characteristic of many of the communities the Coalition works with.

"The lasting impression I have of Douglas is of their kindness and of their closeness to the land."

Tom Grabowski
Lab Technician

"Douglas is a progressive Black farming community of significantly, though not greatly higher economic status than most of the Black communities in the area. Most importantly, it is a real community; people are more together than they are in other areas, and almost everybody is related. The population is more stable, demographically, than many others."

Tom Frieden
Community Worker

"People I met this summer (especially among the farmers in West Tennessee) had a pride in their land and their region which startled me by its intensity, and impressed on me my own comparative lack of culture and history."

"The people of Stanton were warmer and more personal, treating and 'abusing' us lovingly like family literally from the first day we arrived there."

Nathalie Smith
Health Educator

Through our close involvement working and living with community people we Coalitioners are able to gain a better understanding of their lives.

The Appalachian Student Health Coalition first conducted a health fair in Stanton in 1975. In 1977, the Coalition was invited to return for a second health fair to help increase support and community awareness of the efforts of the council to develop a primary care clinic. After many years of struggling for control over the factors that effect their lives, the health council has proven to be an extremely effective tool in addressing the needs and concerns of its community. In 1979 the Douglas Community Health Center opened its doors for operation.

Today the Douglas Community Health Center is thriving. During the winter months the health center was planning to move into a new and larger building in the upcoming summer and to open a satellite clinic in Mason, Tennessee, a community eight miles away. The center was and is working towards a self-sufficiency to rid itself of a dependence upon the politically unstable federal funds. The administrator of the clinic originally asked the Coalition for assistance in promoting the new satellite clinic in Mason which had plans to hire a physician through the Douglas Community Health and Recreation Council.

Plans unavoidably changed at the onset of the summer. In the first week of June the Mason Town Council decided to have an independent clinic with a private practice physician. This was in part due to the Reagan administration's freeze on the start up of any new clinic using federal funds, (the clinic had originally planned to use federal funds for start up monies), and the emphasis on private practice medicine. As a result, the Douglas clinic received a National Health Service Corps physician who was to have gone to Mason and the Board of Directors of the clinic invited us to conduct a survey and health fair in Stanton.

Two students lived in the community for the nine week summer project. Their responsibilities were to conduct a needs assessment survey, write up the results in a final report, and organize the health fair. The goals of these responsibilities were to let the entire service area of the clinic know about the health fair and to suggest ways of doubling the number of encounters needed to retain two doctors.

The results of the two community workers, Tom Frieden and Jessica Goldhirsch, work document the success of the summer project. The survey reached 374 families, identified specific ways to increase clinic utilization, and left the board with a comprehensive analysis of ways to make the clinic more responsible to the community's needs. Also, conducting the survey was a good way for Jessica and Tom to get to know the community and be known by the community, and to publicize the fair.

The health fair entailed a number of screenings without a complete history or physical. Nine medical examiners and three other students tested for diabetes, hypertension, glaucoma, and anemias as well as height/weight/vision/ and health education. The clinic dentist also conducted free dental checks. In total over 400 people were seen in a one week period, including some who had never before been to the clinic. The survey and the health fair reached many people who had an opportunity to express their own health care needs and who may not realize that the clinic cares about them.

As an innovative issue for the Appalachian Student Health Coalition to work on, the project in Stanton required an evaluation. Clearly the site was a success. Many people were reached by the survey and the health fair and students response was positive. A health fair in the form of a screening, such as that in Stanton, is an effective way for a clinic to conduct marketing and up its utilization patterns. This is something that can successfully be done with the help of the Appalachian Student Health Coalition or, alternatively, is a project that a health clinic could take upon itself by drawing upon its staff and community resources.

As students entering the site for only a nine week summer, Tom and Jessica had some complications. It was unclear exactly whom they were working for -- the community, the board, or the clinic's administrator and there were some tensions between the students and the clinic staff. The staff is rightly suspicious of outsiders in the first place and Tom and Jessica's position of evaluators through conducting the survey put them in an uncomfortable position.

Such difficulties are not uncorrectable. Had the Mason site not switched to private practice at such a late date and a new arrangement forced to be made at the last minute, the students' relations to the administrator, board, clinic and community would have been more clearly defined.

It does, however, raise a question and pose a suggestion that we would like to make for future sites dealing in marketing. Marketing is often a responsibility that falls to clinic administrators while it is also an important strategy for boards of community clinics to get involved in. The more control and input a community has in its clinic through its board, the more likely local residents are to go to that clinic. In approaching sites that are working towards self-sufficiency and where the clinic is already established, the Coalition must work throughout the year preparing for the summer project with both the administrator and with the board. The dual support strengthens the goal of marketing and ties the students' day to day work during the summer more closely into the concerns of the community they are working for.

The Stanton site was a good place to end the summer project. The contrast between eastern Kentucky and western Tennessee was a pleasure to students, the warm reception of the Stanton community made students feel at home, and the rapid pace of seeing over 400 patients in one week went smoothly since the students had been toning up their skills during the preceding eight weeks.

"The project at Stanton was hard work and great fun. The health fair was well organized and publicized. The medical examiners and the rest of us had the test wired by then and felt that we were being used very effectively indeed. The turnout was amazing and we handled it very well, all things considered."

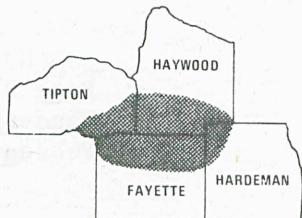
Tom Grabowski
Lab Technician



DOUGLAS COMMUNITY HEALTH CENTER

Highway 70 & Koko Rd., Stanton, Tn. 38069
Area Code 901-548-6585

Cecil Giles, President of the Board
A. Jean Carney, Project Director



February 17, 1983

Kelvin Donze, Student Health Coalition
Vanderbilt University
Center for Health Services
Station 17
Nashville, TN 37232

Dear Director:

This letter is to share with the Student Health Coalition information pertaining to the benefits derived from this past summer's (1982) health care project. The Douglas Community Health Center, Stanton, TN. received documented information from the Coalition's project that is invaluable. The marketing survey conducted and compiled by Tom Frieden and Jessica Goldhirsch plus the week of health care screening August 2 thru 6, 1983 by the coalition Natalie Smith, Susan Cooper, Catherine Dubow, Mike Wooten, Virginia Dunn, Steve Werth, John Jayne, Tom Grabowski, Tom Frieden and Jessica Goldhirsch under the directions of Terry Meng and Sharmon Howe served to bring to light problems in the community and in our organization; it presented ideas, suggestions and recommendations for dealing with our problems that has served to boost the Douglas Community Health Center health care program tremendously.

The Student Health Coalition summer project in Stanton, Tn. June, July and August, 1982 can be credited for the following changes:

- (1) increased productivity in terms of the number of medical and dental patients seen at the health center;
- (2) A quantitative assessment of the potential encounters in our target area;
- (3) Internal organizational changes which produced a smoother flow of patient load and lifted employee morale.
- (4) More publicity, e.g. community residents eight miles away were unaware of the kind of programs offered for indigent people at the Douglas Health Center;
- (5) The Board of Directors and Health Center employees gained some idea how the community perceived them in their roles. Hence some more positive attitudes between staff and patients;
- (6) The organization becoming more responsive to some community needs, e.g. a weekly transportation schedule was implemented for Whiteville, Tn. which was not provided before the Coalition's summer project;

Page 2
Vanderbilt Center for Health Services
February 17, 1983

We realize that the above list is in no way complete. However hopefully it will serve to do two things: (1) provide some insight into the usefulness of the Student Health Coalition and (2) let you know how appreciative and fortunate we are to have the Vanderbilt Center for Health Services available to assist rural areas such as ours. We will forever be grateful for the fine caliber of students selected by Vanderbilt to conduct summer projects in rural areas, students who are knowledgeable enough to give information yet flexible enough to adjust to different life styles and accept environmental difference as well as take information.

Sincerely,

Jean Carney
(Mrs) Jean Carney,
Project Director

skg

SURVEY
Douglas Community Health Clinic

Hello, my name is _____ and I'm with the Douglas Community Health Clinic. The Clinic would like to find out how well its services are meeting the needs of the surrounding area, and how it could improve its services. Would you mind taking a few minutes to answer some questions? All answers are anonymous: we will not use your name in reporting the results of this survey unless you ask us to.

1. How many times a year do you visit a doctor or other professional health care provider?

0 4-6
1-2 7 times or more
2-4

2. How far is your home from the nearest health care facility?

0-4 miles 11-14 miles
5-10 miles 15 miles or more

Do you use this health care facility? Yes No

3. What health care facility do you use most often?

If this is not the nearest facility: How far do you travel? miles

4. How do you usually arrive at the health care facility you use most often?

walk group bus
bicycle transported by family or friend
drive other (please specify)

Are you aware that the clinic provides free transportation to and from the clinic? Yes No

5. Are you familiar with the Douglas Community Health Clinic in Stanton?

Yes No

If you are aware of the Clinic: How often do you use the Clinic?

0 times/year 3-5 times/year
2-3 times/year 6 times/year or more

Which services have you use most at the Douglas Community Health Clinic?

Are you aware that Dental care is available at the Clinic? Yes No

6. Would you use the Douglas Community Health Clinic more if it was improved?

Yes No

7. What kinds of improvements would you like to see in the Clinic?

8. Are you or your family currently covered by medical insurance?

Yes No

If you are covered by insurance: Does your coverage include outpatient services? Yes No

If you are not covered by insurance for outpatient care: Are you satisfied with the cost of outpatient care? Yes No

If you are not satisfied with the cost of outpatient care: Would you or your family have sought medical attention more often had outpatient services been less expensive? Yes No

If not, why not? _____

9. Are you familiar with the Douglas Community Health Clinic's sliding fee scale whereby you are billed according to your level of income and family size? Yes No

Are you familiar with the payment-over-time policy for those who can't pay their entire bill? Yes No

10. How long do you usually have to wait to get an appointment?

less than one week 3-4 weeks
 1-2 weeks more than a month

Is this wait satisfactory? Yes No

Would you use your medical facility more often if you did not need an appointment? Yes No

11. How long do you usually have to wait to see your medical provider once you have arrived at the office or clinic?

less than 10 minutes 1-2 hours
 10-30 minutes 2 hours or more
 30 minutes to an hour

12. Would you like emergency medical care to be available on weekends at the Douglas Community Health Clinic? Yes No

13. (Optional) Please indicate your age, family income, and race.

Age

under 15 years
 16-25 years
 26-35 years
 35-45 years
 46-55 years
 56-65 years
 66-75 years
 76 years or over

Income

\$0-4,999 \$5,000-7,499 \$7,500-9,999 \$10,000-14,999
 \$15,000 or over

Race

Black White Other (please specify)

14. How would you like to see outpatient health care improved?

THE STATES-GRAPHIC

THE STATES-GRAPHIC — BROWNSVILLE, TENNESSEE

FRIDAY, AUGUST 13, 1982



Health Fair Visitor . . .

These youngsters had their blood pressure checked during their tour of the Douglas Community Health Center in Stanton, last Thursday.

The clinic saw over 300 people and gave over 100 immunizations in their efforts to acquaint the community with the center's services and the importance of health care.

Douglas Fair-Dedication Attracts Many Area Residents Last Week

The Douglas Community Health Center climaxed its week-long health fair with the dedication ceremonies of its new facilities in Stanton, Saturday morning, August 7.

Area resident, the Rev. Jesse Cannon, Sr., was especially honored for his "honesty, dedication and hard work" in getting the community health clinic started.

Dignitaries such as state health commissioner, Dr. Gene Fowinkle, Rep. Floyd Crain, and James Sanders, district director of Farmers Home Administration, were on hand for the ribbon cutting.

The Douglas Community Health Fair began last week, August 2, and ended Friday, August 6. "The purpose of the fair is to reach out and let the community know of the services available at the clinic. The fair especially stresses preventive medicine," said Mark Freiden of

the Vanderbilt University Student Health Coalition, who, along with Jessica Goldhirsch, assisted the Douglas clinic staff with the health fair.

Visitors were given a tour of the facility and free health tests were available. Vision examinations, blood tests for anemia, and dental checks were offered as Vanderbilt medical volunteers provided laboratory testing services and immunizations. Each visitors/patient was counseled at the end of his tour, and potential health problems were discussed, a doctor's appointment recommended or an appointment at the clinic scheduled.

"The key to this clinic is that each patient is charged as to his or her ability to pay (for services rendered)," said Dr. Dale Watford, who recently joined Dr. Larry Amacker as a staff doctor.

The health fair's main theme was preventive medi-

The new facility and its equipment was built with \$500,000 from FmHA loans.

Staff members of the clinic are Dr. Robert Roberts (DDS); Jean Carney, executive director of the Douglas Community Health Center;

and Doctors Amacker and Watford; Lisa Coulston (LPN); Brenda Hinsley, dental assistant; Barbara Dancy, Brenda Mainord and Veronica Hale, bookkeepers; Debbie Dancy, nurses aide; Ann Halsey, social aide; Sandra Green, secretary; Lettie Price, receptionist; John Bates, custodian; and Betty Douglas, van driver.

In accepting his certificate of appreciation from Douglas board chairman, Cecil Giles, the Rev. Cannon likened the struggle to establish the center to the old story "about the little train who said 'I think I can'. After he made that big hill, he said 'I know I could'." The Rev. Cannon will be especially honored as the facility's

SPECIAL PROJECTS

The last two weeks of the summer were set aside for special projects. The group split up and students went to work with communities throughout Kentucky and Tennessee on a wide range of issues. Some sites involved work with community groups and clinics, some provided direct service in low income areas, and some were in a more conventional health fair setting. One of the goals of special projects was to enable students to draw on what they had learned over the summer and to pursue individual interests. As such, some of the sites were arranged by the co-directors prior to the summer and some were proposed by the students as the summer progressed. In addition to the unique opportunity for student learning, the special projects provided a way for the Coalition to support a number of communities without the full commitment of a health fair. The response from students and communities alike was positive.

"Special projects were great. It enabled me to explore my own interests and learn on my own."

Debbie Dunn
Medical Examiner

"My role during the second part of the summer was really intense. I had to use and develop more personal and social skills than imaginable. Beth and I were in Leslie County trying to get the facts, figures, and interviews so that we could write a land study....After the work in Leslie County I feel much more confident in terms of doing research."

Burki Bush
Health Fair Coordinator

The following is a list of the special projects of the summer.

Chattanooga, Tennessee. The Amalgamated Clothing and Textile Workers Union invited the Appalachian Student Health Coalition, in conjunction with the Student Environmental Health Project (STEHP) to conduct a health screening at two factories associated with the local union in Chattanooga. The screenings included height/weight/vision, blood pressure, spirometry, hearing, pelvic exams, and a questionnaire on occupationally related ailments. The goals of the fair were to gather and distribute information generally on occupational hazards and more specifically on lung disease and carpal tunnel syndrome. Four students spent one week at the site.

Occupational health is an issue that the Coalition has and can continue to be helpful in. This site, however, was the first in which we have worked with a union and had its share of problems. First, the sense of community and the usual resultant support for the students was not as strong as expected which may in part be due to working in an urban area and in part because the community consisted of workers who go their separate ways at the end of a day. Secondly the international union used the health fair for publicity for their own benefit beyond that of the local and the students in providing their skills. At the same time, however, working with STEHP enabled the Coalition to broaden its focus on health fairs and to expose students to occupational health, a valuable addition.

Frontier Nursing Service, Hyden, Kentucky. The Frontier Nursing Service is a hospital based health care organization utilizing largely a nursing staff. Frontier Nursing has been providing primary care throughout the hollows of Kentucky for 58 years and trains nurses in a masters Nurse Practitioner and a Nurse Midwifery program. Two nursing students spent a week volunteering at the hospital, observing in both the medical surgical unit and in the Ob-Gyn wing and gained a good exposure to nursing practices in a rural area. This was a project designed by the students and both felt they learned a great deal at the hospital.

Grundy County, Tennessee. The Mountain Top Rural Life Ministries in Mont-eagle, Tennessee, invited the ASHC to help them in providing home health care to homebound low income people throughout Grundy County. Two students spent a week visiting people in their homes conducting blood pressure and urine tests and passing on health education information to each person they saw.

Leslie County, Kentucky. The Concerned Citizens of Leslie County (CCLC) is a community group similar in issue to the Concerned Citizens of Martin County. They find their county to be rich in coal but poor in revenues and lacking in services and are starting to gather the information necessary to render the local taxation more equitable. The starting point for such an effort is to conduct a land study identifying the controlling interests of both land and money in the county. The CCLC invited two students to help them conduct a land study.

Two students lived in Leslie County for two weeks and interviewed local officials, read old and new taxation manuals, and collected the rudiments necessary to outline the large landholders and financial intersts in Leslie County. The students were a good resource for the group because they had the time and energy to collect data that might otherwise have taken months to be compiled. The CCLC, at the same time, taught the students a lot about researching in a small community and how the information can be used to affect change.

Mud Creek Clinic, Mud Creek, Kentucky. The Mud Creek Clinic in eastern Kentucky has a long history of working with the ASHC with both health fairs and special projects. This summer the Mud Creek Clinic had a tragedy. It burned to the ground due to arson and had to move into the local high school for part of the summer. At the time of special projects, the Clinic was moving from the high school to a trailer, a temporary installation, until the funds for a full building could be raised. One student spent a week with the clinic helping them move to and arrange the new clinic and in their fund-raising drive. This special project shows our continued involvement with clinics throughout the region.

The Rossville Primary Care Center, Rossville, Tennessee. The Rossville Primary Care Center is a community based clinic in western Tennessee just outside of Memphis. The roots of the clinic lie in a local group that originated during the civil rights movement and in working with the Coalition many years ago. It has grown from a small trailer to a large brick building serving the full community. The Rossville Primary Care Center is now working towards self-sufficiency and invited the Coalition to conduct screenings in a mobile van. Five students worked in Rossville for one week; traveled to two neighboring communities in the van; and provided hypertension, blood sugar, and height/weight/vision screenings as well as immunizations and health education.

Williamsburg Friendship Center, Williamsburg, Kentucky. This special project site involved the designing and conducting of health education classes in eastern Kentucky and Tennessee. The Williamsburg Friendship Center provides low cost second hand clothing, sells locally made crafts, is a community center for Williamsburg, and has a health program with an emphasis on prevention. The Center has a registered nurse who is fully responsible for the health program and, from talking with local people, she had found a local interest in health education on dental care and hypertension.

Four students spent two weeks in Williamsburg designing the classes and visiting community centers and senior citizen centers to conduct screenings and education. The pace in Williamsburg was slow. The demand for health education as a service on its own was not great and four students visiting for such a short time had difficulty generating an interest in their service. Those who did receive the service, however, benefited, and the students learned some valuable skills in the preventive health emphasis of the Friendship Center.

IS THE APPALACHIAN STUDENT HEALTH COALITION RACIST?

Do the practices of the Coalition reinforce racism? ASHC has a commitment to improving the quality of life for all people. Because of this pledge we work in predominately black communities in West Tennessee and predominately white communities in Appalachia.

The Coalition was accused twice of being racist last year. Thus, it seems appropriate to address this important issue in the final report. ASHC is not consciously racist yet are many of our traditions, principles, and practices contradictory to what we believe? Are we reinforcing a racist attitude because we are an all white Coalition (1982) and are hesitant to place black community organizers in Appalachia? Or are we realistic about our inability to change racial attitudes in a community in a short ten week period? But is this realism an evasion of a difficult situation or a recognition that our major objective is to serve and bring some measure of reform to the inequities of the health care system? Yet is this our major objective? The 1982 Coalition members differed on this question as probably past Coalitions have in the past.

The race issue is a difficult one that the Coalition has not learned to deal with appropriately. If our work is to continue in Tennessee then we must be prepared when we are confronted with racism. We need to look at our past critically -- our recruitment and hiring procedures, the racial makeup of the communities we have worked with, and the placement of white community organizers in predominately black communities. Who supported us in these communities? When have we succeeded? When have we failed? Black/white issues are a fact in the South, and one that we can not ignore. The Coalition must be sensitive to the racial climate of a community, yet not to the extent of sacrificing the beliefs and goals of our program.

In her final evaluation Anne Hodges makes some critical comments that should be taken into strong consideration in the preparation for next summer.

"One area I was totally distressed with was the Coalition's lack of minority participation. I think that it is a false and albeit unintentionally, racist that many members of the Coalition assume that black students could not work well in Appalachia. We expect local people to adjust to many strange and new experiences when they welcome the health fair to their local community. We have learned that there exists a great depth of adaptability, warmth and welcome from the families that support the students. It is racist for the Coalition to assume that minority students, particularly black students could not share in this growth of acceptance. I believe racism to be one of the single most crucial obstacle to social justice for all people. It is no new observation that the growth of racist activity, whether it be the Klan in the South or the Neo-fascists in Chicago, is directly related to low-income working people expressing their anger at their own declining social, economic and political power. The Coalition does a grave disservice to the people of Appalachia to think that there is more merit in perpetuating 'all white' organizations for the sake of simplifying our medical work and sacrificing an opportunity to show that good health, as all just social services is color blind."

"Furthermore, it is hypocritical to think that a predominantly black community in western Tennessee can work with two white organizers and conquer the everpresent feelings of racial suspicion, but that black staff people could not work in predominantly white communities. There are black communities in Appalachia. I am told there are black communities in Floyd County. There are children of mixed race families in Martin County who might have had their own sense of self worth greatly enriched by seeing minority medical students. As Debbie and I discussed with organizer Terry Keleher, if the Coalition is described as a racial mixed group from the outset, it will be accepted as such."

FUND RAISING

The Appalachian Student Health Coalition is a nonprofit organization which annually raises all of its own operating expenses (with the exception of rent and utilities which are provided by Vanderbilt University). While a large percent of our funds comes from foundations, no one foundation exceeds 50% support of the program. We have received close to \$5,000 in both money and product donations from corporations, and receive donations from students and past coalitioners who hope for the continued existence of the Coalition. And finally, we are forever indebted to the extensive voluntary support we receive from Vanderbilt professors, past Coalition members, and communities that sponsor the health fair. The Vanderbilt faculty and past Coalition members give generously of their time and expertise by training students, ordering supplies, precepting at health fairs, and generally providing valuable counsel throughout the year. Communities house and feed students for the duration of the summer project and with their warmth and openness, make the summer a lasting memory in the minds of all participating students.

The Appalachian Student Health Coalition, in conjunction with its parent organization, the Center for Health Services, has been working on innovative ways to strengthen its funding base. While the base from foundations is secure, we are looking to increase our corporate sponsors, to increase the support of private individuals, and to ask for communities to make further donations towards the health fair. We continue to build on these plans from year to year and have learned from our past efforts.

Our corporate funding comes in two forms, monetary gifts and product donations for the supplies that we use during the summer. This year we had many supplies donated to us though not as many as we had hoped because the nationwide recession, we found, made corporations less generous than in past years. We also received one corporate grant and have established contacts, a process which often takes several years, with some new corporations. With a continued effort to reach corporate board rooms and a turn around in the economic hard times this strategy should prove increasingly productive.

The Appalachian Student Health Coalition, is looking to increase donations from private individuals. Our efforts towards this end included the initial step of compiling a list of people to approach and writing to past Coalition members asking for support. The return from the mailing list will be coming in in the year 1983 and cannot now be assessed though a verbal feedback from individuals who were to be solicited was positive. In writing to past Coalitioners we reached back three years and had a marginal return. Several people did respond with small donations but the group approached was either just out of school or had not yet graduated and was not in financial position to become large supporters of any organization. This step, however, showed the worth of such a mailing and, if extended to the originators of the Coalition would, in likelihood, prove worthwhile.

The Appalachian Student Health Coalition has always asked communities to provide housing and food for students during the health fair. This year we asked certain communities to increase their support to provide funds to cover lab expenses for clients seen at the health fair. Where we are working with an established group; where the health fair can bring a significant economic gain, as for example in marketing of health services; and where a trust had developed between the Coalition and the sponsoring group we felt that a request of between \$500 and \$1500 was reasonable.

This strategy was developed in response to the need for communities to raise local money for community improvement instead of looking to federal funds. In asking for money for the health fair, the Coalition promised in turn to provide training in fundraising for community groups. During the year the Center for Health Services sponsored a fund-raising workshop that emphasized corporate and local fund raising, and during the summer the Coalition hired a student, Lisa Handwerker, to write a book on fund raising that focused on grassroots efforts.

The fund-raising workshop was attended by eleven community groups and the fund-raising book was concise and comprehensive. Our efforts to get community groups to raise money from local corporations for the health fair did not work. Feds Creek, Martin County, and Stanton all raised money to provide housing and food. Since we had previously worked with Feds Creek and were returning to enhance their efforts at clinic development we asked them for additional funds, to which they agreed. Unfortunately, the timing of the health fair and the progress of the clinic made corporate fund raising impossible. The Upper Levisa Health Council found they could not raise these funds until the clinic was more secure, a building was constructed or a physician committed to a practice in Feds Creek, neither of which occurred during the summer months. We concluded that the strategy of further financial support from communities requires, in addition to trust and an appropriate issue at the community level, a more advanced state of readiness than we encountered.

The Appalachian Student Health Coalition also helps community groups raise funds for their own organization. Most of the groups we work with are raising funds for local projects, and are both looking for new ways to raise money and developing creative plans of their own. This summer Lisa Handwerker interviewed members from several of these groups and compiled the information in a manual to help with grassroots efforts.

The manual draws on the lessons learned by those most experienced in grassroots fund raising, community groups throughout Tennessee and Kentucky. It provides basic fund raising material, encourages the sharing of information, and includes different ways to fund raise. In her own words Lisa explained the basis of the manual.

"The manual is written for you and your community--including everyone from the president of the health council to the senior citizen who bakes a cake to the mother of four and her children to the single person to the unemployed worker. You, the people who work on community projects in order to better life in your area, know the importance of fund raising."

"Fund raising for community projects is best begun at home -- in your area. Inside your community there is a wealth of resources -- every person can contribute in some way to your fund-raising efforts. Many times groups are so anxious to get money that they overlook their best resource, the community, and go to people and sources outside their area. Unfortunately, these sources are not always dependable, and their gifts may come with many strings attached."

Lisa Handwerker
Fundraising Manual Author

RECOMMENDATIONS

1. The Appalachian Student Health Coalition is a student organization with a commitment to group process, student participation, and community development. In remaining loyal to these principles the Coalition must be careful to avoid an institutional and overly professional overtone with the co-directors acting as Center for Health Services staff that run a summer program. It is the constant contribution of student ideas, student decision making, and student ownership of the organization that keep the Coalition vital and flexible to the needs of communities and students. Co-directors must assume the responsibility of leaders of the organization and look to the Center to ultimately encourage the shaping of the Coalition by the students that comprise it.
2. We found the input on site selection from both past Coalition members and the students who were going to be working in the upcoming summer to be very helpful. Past Coalitioners were critical and objective in their inquiries and students who were going to work began to know the communities they would be visiting. We recommend the formation of a site selection committee to meet approximately once a month to discuss progress.
3. We recommend that the Appalachian Student Health Coalition does not commit itself to working in Mississippi. The Coalition's strengths lie in the many contacts in and sensitivity to central Appalachia and western Tennessee and by reaching into another state we would be spreading the organization too thin. We do not have the contacts needed in the state and could easily develop promises of follow up to communities that we would be unable to fulfill. However, the Coalition has always support the formation of Student Health Coalitions in other areas and should consider recruiting Mississippi students interested in spawning a Coalition in their own state. The desire and commitment must come from within Mississippi.
4. We recommend that the last one or two weeks of each summer project be comprised of special projects as they were this summer. The response to the special projects was very positive; it added more creativity to the summer program, encouraged students to pursue personal interests enabled the Coalition to continue support for past health fair sites without a full health fair, and avoided the burnout that is inevitable when the summer involves three full fledged health fairs. Additionally, the experiences of students during special projects can be valuable from year to year and co-directors should require each student to include a write up on his or her project in an end of summer evaluation.
5. When developing a site to work with make sure that you are working with a grass roots community-based group, not with just one individual or governmental or community agency but with someone who is in touch with the needs and feelings of the community. Develop contacts early and broaden the base of support in order to get a better understanding of the community and familiarize the community people with the project.
6. A general feeling felt by many of the Coalitioners this summer was a lack of orientation to the communities and of the issues that we hoped to address through the health fair. Students felt a gap between the medical

and non-medical aspects of the Coalition. As a result, several recommendations came out of the end of summer conference about how to minimize this gap.

Extend orientation to allow a group of medical examiners and community workers to visit each health fair site for a few days to become familiar with the community, the group we will be working with, and the issues they are working to address. This group of students can in turn orient the rest of the team when they arrive in the community for the health fair. Another suggestion is to have medical examiners door knock for the first day or two in the community in order to reach those people who live way up in the hollers and out in the country who may not know about the health fair, and to better familiarize the students with the community.

7. Evaluation conferences are crucial to the summer project and we recommend that mid-summer conference be lengthened to two days and end of summer conference be shortened to one day. The conferences should also emphasize practical application; providing site updates, evaluating the effectiveness of the health fair and its stations, and questioning the goals of the summer. This way the Coalition can act on recommendations and make changes within the group during the second half of the summer.
8. Each year the summer group chooses the new co-directors from within its group. As a result the group decides who will lead the Coalition from year to year and the new co-directors receive direction from their co-workers. We suggest that this process continue but with some changes. In the past the co-directors have been chosen at the end of summer conference. We recommend that they instead be chosen at the mid-summer conference. This would leave ample time for the group members to assess their own interest in the position and the group to get to know the candidates. The changes would lessen the anxiety experienced by candidates who now spend the entire summer worried about whether or not the position will be theirs, would make the decision based more on skills than the personal ties that develop especially during the second half of the summer, and would leave the new co-directors several weeks to orient to their new position.
9. Cultural and educational events focusing on Appalachia are attended by both the Vanderbilt and the Nashville community. Last year we sponsored a concentrated Appalachian Week of such events and recommend that instead that these programs be spread throughout the year. This way there will be a constant reminder of the Appalachian Student Health Coalition, coordination for the co-directors of student sponsored events would be a lot easier, and recruitment for participation in student projects would be more successful. Some suggestions are to have events bimonthly, sponsor campus fundraising events, and incorporate more Vanderbilt students into the planning, publicity and implementation.
10. Fundraising patterns are changing as there is an increased demand for and decreased availability of foundation monies. The Coalition needs to look to corporations, individuals, churches, and communities for additional support. Our experiences, elaborated upon in the fund-raising section lead us to recommend the solicitation of past Coalition members, all the way back

to the original founders; a continued effort to approach corporations; and in asking communities for funds, doing so with caution and sensitivity to each local situation. Training must be provided for and fund-raising skills passed on to community members and an awareness of the importance of the timing of the community project in approaching local corporations for support. Corporations fund for the products of the project and generally need assurance of its security, i.e., the construction of a clinic building or a physician's commitment, before they will make a donation.

APPENDIX

THE DAY



1

IMMUNIZATIONS

- Everyone gets a TB skin test
- Updated on DPT, dT, MMR, and polio shots



LUNG FUNCTION TESTING



HEALTH EDUCATION



14. **WAITING PERIOD** - This is the time spent after the patient has been through all the stations and is waiting for the physical exam. During this time the patient can browse through the health education material and community booths present, fill out health surveys, watch the Coalition Health Education video tapes, and talk with community organizers about their area and community needs.

15. **COMMUNITY BOOTHS** - are an important aspect of the fair. The Coalition, especially community organizers, encourages various community groups and agencies to set up at the fair with us. This opens up an awareness for community folks who come to the fair, realizing what health and environmental agencies are available, along with community and private organizations.

16. **PHYSICAL EXAM** - A complete medical history and physical is performed by the student medical examiner. Diagnostic skills are done if necessary: blood work, EKG, and routinely on all women pelvic, with gonorrhea cultures and pap smears. All this work is supervised by the precepting physician.

EYE EXAM



AUDIOMETRY (ear hearing testing)



HEIGHT AND WEIGHT



LAB WORK

- hematocrits
- appropriate blood (CBC, SMA, thy, functions, etc.)
- pinworm screening
- urinalysis
- pregnancy tests
- RPR
- sickle cell tests

AIR PUFF TONOMETRY (Screening for glaucoma)



URINALYSIS

- dipstick and microbial



DENTAL HYGIENISTS

- patient education on proper brushing and flossing



NUTRITION COUNSELING



RIGHTS AND BENEFITS

- Medicaid
- Medicare
- Food stamps

Appalachian Student Health Coalition 1982

Schedule for Orientation

Sunday, June 6

6:30 p.m. Introductions, slide presentation on ASHC,
what we will do this week, socializing

Center for Health
Services

Monday, June 7

9:00 - 10:00 a.m. How we function as a group.
Special projects

Sharman & Terry
Light Hall - Rm 311

10:00 - 10:45 Dr. Christi & Dr. Lefkowitz

Light Hall - Rm 311

11:00 - 12:00 Kathy Hearne - Intro to Center, Budget

Light Hall - Rm 311

1:00 - 5:00 Medical Workshop

Light Hall - Rm 315

1:00 - 2:30 p.m. Working with Community Organizations

Barbara Clinton, Community Health Effort

Support System, Center for Health Services

Hank Webber, Development Coordinator, Center
for Health Services

I. Introductions

II. What is Community Organizing

Light Hall - Rm 311

2:45 - 5:00 III. Context for Action: Students in Communities Light Hall - Rm 311

Tuesday, June 8

9:00 - 5:00 Working with Community Organizations (continued) Light Hall - Rm 3

(9:00 -12:30) IV. Community Power Analysis & Group Analysis

(1:30 - 4:00) V. Community Meetings

9:00 - 5:00 Medical Workshop

Light Hall - Rm 311

6:00 *****S.T. E.H. P. vs A.S.H.C. SOFTBALL GAME ***** Peabody Field

Wednesday, June 9

9:00 -12:00 Technical Info for Community Organizers
Health Fair specifics, workplans

Terry & Sharman
Light Hall - Rm 311

9:00 -12:00 Medical Training

Light Hall - Rm 313

12:00 - 1:30 A Southern Treat

Center for Health
Services

1:30 - 2:30 Cultural Orientation

I. The Rural South: Past & Present
Ernst Borinski, Department of Sociology
Toogaloo College, Mississippi

Light Hall - Rm 420

2:45 - 5:00 II. Images of Appalachia: Stereotypes and Realities
Dick Couto, Director, Center for Health Services
Larry Wilson and others, Yellow Creek Concerned
Citizens, Middlesboro, KY

Light Hall - Rm 420

7:00 III. Y.C.C.C. and Students: Working in Communities
on Political Issues

Center for Health
Services

Thursday, June 10

9:00 -11:00 Introduction to the Center, resources, videos.
'Generations of Health" videotape on the
Douglas-Stanton Health Clinic

Center for Health
Services

9:00 - 7:00 Medical Workshop

Light Hall - Rm 313
& Rm. 315

11:00 Mason Community Organizers to Mason

1:30 - 4:00 Peggy Mathewsof Save Our Cumberland Mountains
Environmental Hazards related to Stripmining
Land ownership in Appalachia -
Martin County & Feds Creek Organizers

Light Hall - Rm 319

6:45 Occupational Health Workshop (Chattanooga
Participants) Brad Waters

Light Hall - Rm 311

7:00 Social Get Together

Center for Health
Services

Friday, June 11

8:00 - 5:00 Health Fair (Medical folks, Coordinator,
Lab Tech.)

United Methodist Ctr

9:00 -11:00 Grassroots & Corporate Fundraising
Hank Webber (all non-medical folks)
Kathy Hearne

Light Hall - Rm 311

1:00 - 2:00 Clinic Development (all non-medical folks)
Hank Webber

Light Hall - Rm 311

5:45 All medical and non-medical folks organize
for weekend retreat.

Center for Health
Services

Saturday, June 12

9:30 -10:30 Evaluation of Orientation Week

Medical Examiners Orientation

Summer 1982

Monday, June 7

9:00 - 12:00	Management	Light Hall - Rm 315
1:00 - 2:00	Pediatric History Sheet	"
2:00 - 3:00	Heart & Lung Exam.	(Steve) (Rolf) " " "
3:30 - 5:00	Nutrition	(Cathy Folk) " "

Tuesday, June 8

1:00 - 3:00	Pedriatric Exam.	(Dr. John Greene) Light Hall- Rm. 315
6:00	Softball	Peabody Field

Wednesday, June 9

9:00 - 10:00	Birth Control Methods & Their Efficiency	(Ted Anderson) Light Hall - Rm 313
10:00 - 11:00	Gonorrhea Screening	(Mike Sutton)
11:00 - 12:00	Interpretation of Pap Smear Results	(Dr. Howard Jones) "
1:00 - 5:00	Cultural Orientation	Rm 420

Thursday, June 10

- 10:00	Adult History Sheet	Light Hall-
10:00 - 12:00	Adult Exams	Rm 313
1:00 - 3:00	Practical Aspects Immunizations Tonometry Peak Flow meter Breast Exam.	Rm 315
3:00 - 3:30	Explanation of the lab	
5:15 - 7:00	Gynecological Exam.	

Friday, June 11

8:00 - 5:00	Health Fair	United Methodist Ctr.
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ASHC SUMMER '82

Sunday June 6	Monday 7	Tuesday 8	Wednesday 9	Thursday 10	Friday 11	Saturday 12
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Orientation --->

6:30

13	14	15	16	17	18	19
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Feds Creek --->

20	21	22	23	24	25	26
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Martin County --->

27	28	29	30 July 1	2	3
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Martin County

4 retreat	5	6	7	8	9	10
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Feds Creek --->

11	12	13	14	15	16	17
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m. c. Follow Up

18	19	20	21	22	23	24
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F. C. Follow Up

25	end of 26	Conf. 27	28	29	30	31
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Summer Conference

Special

August 1	Chattanooga	2	3	4	5	6
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Rossville
Stanton

Projects

Hi Folks-

Thank you to everybody for all the thought that went into mid summer conference. A lot of good ideas came up and we appreciate the valuable input everybody provided. This is a summary of our discussions. One I hope will do the conference justice and will, hopefully, jog your memories and get everyone thinking about the end of summer conference. Keep up the good work and let the end of summer conference committee (Becca, Natalie, Debbie S., Jessica, and Tom G.) know of any agenda items you want to include.

Agenda for Mid Summer Conference

I. Introduction

Purpose of Conference

Additions and Changes to Agenda

II. Site Reviews

Stanton	Tom and Jessica
Feds Creek	Becca and Marie
Martin County	Anne and Debbie
Fundraising Brochure	Lisa

III. Evaluation of Site Selection

A. Criteria for Site Selection

B. Questions about criteria and issues ASHC works with

BREAK

IV. Leadership and Structure of the Coalition

A. Should we have Two Co-Directors?

Student organization or Professional org.?

B. What other Coalitions do

C. Discussion

LUNCH

V. sharing of ideas

A. community organizers meet

B. Health Fair team meets

C. Group gets back together

- Role of Medical Examiner in HEALTH Fair

- Health Education

VI. Budget Review

A. Where does our money come from?

B. How can people help with fund raising?

VII. Schedule for the Last two weeks

A. Special Projects

B. End of Summer Conference

VIII. T-Shirt Committee

IX. Wrap up

The goals of the conference were to formally get together and share information and ideas, evaluate the program so as to learn from the summers experience, and finally to get some necessary business done. We did some of each....

REVIEW OF THE SITES

Stanton- Tom and Jessica started off with a review of the Stanton site. They are working in support of the Douglas Stanton Clinic and have a couple projects underway to increase community involvement in and support of the clinic. They are conducting a survey to assess health needs and to let people know about the clinic, and they are setting up a health fair/ screening to create a high profile for the clinic.

They both reported that work is going (oops) well though not without frustrations. The main obstacle has been getting the community support for and response to their work. They have run into some resentment towards the clinic, have found some who view the clinic as a black clinic, and are trying to get community people to go door knocking with them. They expect that when they return and start talking with people they will have more luck with the community response.

Feds Creek- Becca talked about working with the Upper Levisa Health Council in their efforts towards clinic development. Since the health fair the council has had a board training session at which they formed three committees- fund-raising, physician recruitment, and clinic development. Becca suggested that a steering committee would be helpful to assure continuity among the board ~~members~~ committees.

Another goal of the group, Becca says, is to involve the 'small people' in clinic development

ASHC SUMMER '82 - EVALUATION AND REFLECTION, or, WHAT WENT ON

It's August now, and September, school, jobs, and old friends will occupy us all again perhaps sooner than we can imagine. As the calendar rushes ahead, we may forget to stop, step back, and ask - what did happen with the Coalition and with myself this summer? This evaluation will, we hope, give each of us the impetus to take the time to reflect back; to gauge our personal growth; to congratulate ourselves for hard work well done; to realize what we may have done better; to record our survival through it all. As we've said throughout the summer, we need to share and write down what we've learned and given; therefore we all need these evaluations to address both personal feelings and specific issues related to individual roles in the Coalition.

Below are some questions for you to think about in writing your evaluation. Use them as a framework to work off of as you write but also give some specific answers, i.e. what would be the best order of health fair stations? Who is an important Martin County contact? Take several quiet hours, and sit, think and write - Let this be as much for yourself as it is for all of us.

I. Personal feelings (everyone)

- A. Think back...how did your summer correspond with your expectations? Now, 8 weeks later, would you re-evaluate these expectations? Do you think your expectations were similar to others in the group?
- B. What are your thoughts about being in Appalachia and West Tennessee? What reactions did you have to different sites? To the moving between sites? Did your feelings about sites and the region change?
- C. What was most satisfying/most frustrating about your summer? The high point? The low point (besides lentils)? Would you do it again and/or recommend the Coalition to others? Why?
- D. What did you learn about yourself? What has your summer done for your personal and career goals?
- E. How did you feel about the schedule, the pace, the intensity of the summer?
- F. How did you find your living situations? Other personal contacts within the communities? Share some memorable stories with people met or incidents encountered (c'mon Paul, Caren, Joe & Susan--we need those stories for posterity!).

II. Specific questions--feel free to look over and answer as many as you wish.

- A. Examiners, hygienists, lab technicians and fair coordinator, rights and benefits counselors
 1. What specific changes would you like to see made in the health fair--appointments, order of stations, preceptors, etc., etc.?
 2. What is your impression (and any changes in it) of the health needs of 1) each site 2) the people seen 3) the people not seen? How do you see the medical impact (in both the traditional and widest sense) of your work this summer?
 3. What has the summer done for your conception of medicine/nursing/dental hygiene/health care?
 4. What did you see as your role and responsibility? As the role of the fair coordinator? the community organizers?
 5. Any recommendations for follow-up?



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6. Could you have been better prepared?
7. What are your feelings about the special projects? The schedule in general?

B. Community Organizers and any others

1. Background of your community--Give a brief description of your community. How has the community changed in the past 10 years in regard to population, occupation, income, business, health problems, health services? What community groups are there? What issues have people organized around, have they been successful?
2. What has happened in your community this summer? Discuss chronologically your involvement with community members. What happened before, during, and after the health fair? How did your role with community members change? In what direction did things develop in the community over the course of the summer? What were people's main concerns? Do you feel the fair helped to organize the community? How could you and the Coalition have been more effective? What do people expect Coalition involvement will be once the two organizers leave? Be as specific as possible, detailing what meetings went on, what was discussed, number of people attending, who dominated. This information is all the Coalition will have to go on, share your perceptions, frustrations, highs. Include how events unfolded, how you helped facilitate, direct, or watched. What kind of people were involved--the whole community, specific groups, etc. What were your strengths and weaknesses? How did you help the community?
3. Role within Coalition--What do you see as the role of the community organizer? What is their responsibility to the community? What is their responsibility to the medical examiners during the fair and follow-up? Should the health fair be restructured? How could other health issues be incorporated into the fair? How could there be greater community involvement at the fair? Do you think you could have gotten the community organized without the fair? How could the fair have run smoother?
4. Follow-up--What do you recommend the Coalition do for follow-up in your community during the year? Who should the Coalition stay in contact with? What is the possibility of the Coalition working in your community next year either doing health fair or a special project, what criteria should the Coalition use in deciding whether or not to return?
5. Contacts--Who are the key people in your community? Give names, addresses, phone, and a brief description of their involvement in the community this summer. List people who helped as well as those who were roadblockers. How are these people viewed by the rest of the community? How do people you worked with divide up politically? How can the Coalition build on your relationship with your contacts?
6. Preparation--How could the pre-summer preparation have been better? Specifically, what should have happened during the school year, what information would you have liked to have had?

C. Everyone

1. Suggestions for co-director selection process.
2. Additional comments, ideas, suggestions.